

M22000002398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

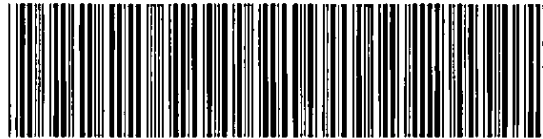
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APPROVED
AND
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2022 FEB 11 AM 8:50

SECRETARY OF STATE
DALLAS, TEXAS 75201

RECEIVED

2022 FEB 11 AM 11:38

SECRETARY OF STATE
DALLAS, TEXAS 75201

FEB 15 2022

K. Brumbley

File Second

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 02/11/2022

****WALK IN****

ENTITY NAME HOME WELLNESS, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

1-2 Filings

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 125.00

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Haggard

Please call Tina at the above number for any issues or concerns. Thank you so much!



February 9th, 2022

Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Home Wellness, Inc. gives Home Wellness, LLC permission for use of our name. This filing is a result of a conversion in the domestic state of New Jersey.

Home Wellness, Inc and Home Wellness, LLC are both owned by Adapthealth LLC.

Should you have any questions or require additional information, please contact me at 651-402-8313, or via e-mail at licensing@adapthealth.com

Thank you,

A handwritten signature in black ink that reads "Debra Gutow".

Debra Gutow
Licensing and Credentialing Specialist

APPROVED
AND
FILED
2022 FEB 11 AM 8:50
DEPT. OF STATE
TALLAHASSEE, FL 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HOME WELLNESS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NJ
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 23-2766679
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 220 W Germantown Pike #250
(Street Address of Principal Office)

6. 220 W Germantown Pike #250
(Mailing Address)

Plymouth Meeting, PA 19462

Plymouth Meeting, PA 19462

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: UNITED CORPORATE SERVICES, INC.

Office Address: 3458 LAKESHORE DRIVE

TALLAHASSEE, Florida 32312
(City) (Zip code)

APPROVED
AND
FILED
2022 FEB 11 AM 8:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/Michael A. Barr

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|---------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>CHRIS JOYCE</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>220 W Germantown Pike</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>#250</u> | <input type="checkbox"/> Authorized | _____ |
| Person | <u>Plymouth Meeting, PA 19462</u> | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/Chris Joyce

Signature of an authorized person

Chris Joyce

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

HOME WELLNESS, LLC
0600468160

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 08, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

UNITED CORPORATE SERVICES INC
80 MAIN STREET
SUITE 415
WEST ORANGE, NJ 07052



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
31st day of January, 2022*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6127915985

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp