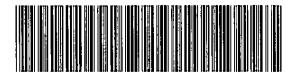
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COVER LETTER

TO:		ration Section on of Corporations						•	:	
(17/17/17) COT	•	REMEDY H	IEALTH	AND WELL	LNESS LLC			•	
SUBJE	sCT:		Name	of Limit	Limited Liability Company					
The en Exister	closed ". ice, and	Application by Foreighteck are submitted	gn Limited Liability Co to register the above re	mpany ferenced	for Authoriza I foreign limi	ition to Transac ted liability con	t Business ipany to tra	in Floric ansact bu	la," Ce usiness	rtificate of in Florida.
Please	return al	I correspondence cor	ncerning this matter to	the follo	wing:					
		LOVETTE DOBS	SON							
				Name	of Person					
		Firm/Company								
		17350 STATE H	WY 249 #220					<i>:</i>	20	
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			E-mail address: (to be	used for	future annua	l report notifica	tion)	1.		
For fur	ther info	rmation concerning	this matter, please call:							
	LOVE	ETTE DOBSON		at	į į	888-462-345	53			
		Name of	Contact Person	at	Area Code		Telephone	Numbe		
	Divisi Regist P.O. I	ING ADDRESS: on of Corporations tration Section 30x 6327 tassee, FL 32314				STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations fection ng /e Center C			
	Please	sed is a check for the make check payable 25.00 Filing Fee	following amount: to: FLORIDA DEPA S130.00 Filing For Certificate of	ee &	\$155.00	TE Filing Fee & led Copy		0.00 Fili tatus & 0	_	, Certificate ed Copy

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: REMEDY HEALTH AND 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.") 87-2645519 Wyoming (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1515 Se 17 Th, A119 1515 Se 17 Th , A119 (Street Address of Principal Office) (Mailing Address) Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) LEGALING CORPORATE SERVICES INC. Name: 5237 SUMMERLIN COMMONS, SUITE 400 Office Address: FORT MYERS (City) 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. Wesley Dolan
(Registered agents 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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Jarrod Wilson Name: Kevin Oconnor Manager ■ Member Address: _____ **■** Member Address: _____ 1515 Se 17 Th, A119 1515 Se 17 Th , A119 Authorized Authorized Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 Person Person Other____ Other____ Other____ Other Kenneth Longo Manager Manager Name: Member Member Address: _____ Address: _____ 1515 Se 17 Th, A119 Authorized Authorized Fort Lauderdale, FL 33301 Person Person Other Other ____ Other____ Other Name: Kahled Diab Manager Manager Member ■ Member Address: ______ 1515 Se 17 Th, A119 Authorized Authorized Fort Lauderdale, FL 33301 Person Person Other___ Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person Kevin Oconnor

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

REMEDY HEALTH AND WELLNESS LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 15, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001035652**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of January, 2022 at 2:25 PM. This certificate is assigned ID Number 049487442.



Secretary of State B PH 4:5

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.