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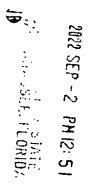
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	WELLNESS WAY WESLE'	Y CHAPEL LLC			
		Name of Limited Liability Company			
The en Exister	closed "Application by Foreign Lim nee, and check are submitted to regis	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida.			
Please	return all correspondence concernin	g this matter to the following:			
	Patrick Flynn				
		Name of Person			
	Wellness Way				
	<del></del>	Firm/Company			
	2525 W. Mason St				
	Address				
	Green Bay, WI 54303				
		City/State and Zip Code			
	accounting@thewellnessw	ay.com			
	E-mail	address: (to be used for future annual report notification)			
For fur	ther information concerning this ma	tter, please call:			
Mike Torres		920 429-2844 ext[10]			
	Name of Contact				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section			
		Division of Corporations			
		The Centre of Tallahassee			
	Tailahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
		ing amount:  ORIDA DEPARTMENT OF STATE  0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

WELLNESS WAY WE	ESLEY CHAPEL LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compa	ny." "L.L.C.," or "LLC.")	-		_
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida The alternate	name must include "Limited L	inbility Company.""	L.L.C." or	-LEC.T
Wisconsin	,	88-39	02139	·		
2. (Introduction under the Law of which foreign limited liability company is organized)		3	(FEI number, if applicable)			
4.						
<del></del>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) ine penalty liability)	·			
2252 Twelve Oaks Wa 5.	у		W. Mason St			
(Street Address of Principal Office)		()	failing Address)	-		_
Suite 101		Green ———	Bay, WI 54303			_
Wesley Chapel, FL 335	544			adai a beedi		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	in the second	2022 SEP -	_
Name:	Collin Dobnikar			 	-2 PH	EJJ 114
Office Address:	2252 Twelve Oaks WaySuite 101			FLORIDA	PH 12: 5	
	Wesley Chapel		33544 . Florida			
	(City)		(Zip code)			

#### 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.

(Registered agent's signature)

## United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Jennifer Dohm, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### WELLNESS WAY WESLEY CHAPEL LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 26, 2022.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.0214 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 26, 2022.

JENNIFER DOHM, Deputy Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Jennifu Dohn

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

341189-CC02912B