Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

tmall	Address:	

Foreign Limited Liability Company Mana Wellness, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

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

IN COMPLIANCE WITH SECTION 6050802, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Mana Wellness,					
(Name of Foreign	Limited Liability Company: must include "Limited	l Liability	· Company," "L.L.C.," or "ELC.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida The	alternate name insist include "Limited Liabil	ny Company," "L.I. C," or "LL	î "}
2. Hawaji Ourisdiction under the law of w	luch foreign timited liability company is organized)	3.	92-2212429 (FEI number,	it applicable)	
4.					
	(Date first transacted business in Florida, if prior for (See sections 60) 19904 & 60) 0905; F.S. to determine	registration ne penalty	hability)	_	
7901 4th St N STE 300 5. (Street Address of Principal Office)		6.	7901 4th St N STE 300 (Mailing Address)		
St. Petersburg FL 33702			St. Petersburg FL 33702		
					7
7. Name and street addres	is of Florida registered agent: (P.O. Box	<u>NOT</u> :	ecceptable)	Allassee	LED
Name:	Northwest Registered Agent ELC			PM 4: 18	
Office Address:	7901 4th St N STE 300	-		***	
	St. Potersburg		. Florida 33702	_	
	(Cry)		(Zip code)		
Registered agent's accep	tance:				

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.

74-N-		
•	(Redistered agent's signature)	

To: 18506176383

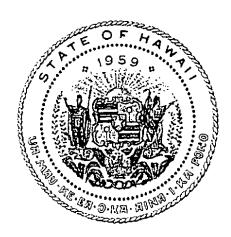
From: Registered Agents Inc.

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Langley, Jennifer	⊟Manager	Name:
⊠ Member	Address: 7901 4th St N STE 300	□Member	Address:
□Authorized	St. Petersburg FL 33702	□Authorized	
Person		Person	
□Other	Other	Other	LEG T
□Manager	Name:	□Manager	Name: SSE ST
□Member	Address:	□Member	Address:
□Authorized	44444444	□ Authorized	071 18
Person		Person	
∐Other	Other	□Other	□Other
LJManager	Name:	∐Manager	Name:
□Membei	Address:	□Member	Address:
□Authorized		□Authorized	
Person	-10	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.

	Rotin July
	Signature of an authorized (seson
Robin Jones	
	Typed or printed name of signee







CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department.

MANA WELLNESS, LLC

was organized under the laws of the State of Hawaii on 02/14/2022; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: February 05, 2024

Nadmillando

Director of Commerce and Consumer Affairs