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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

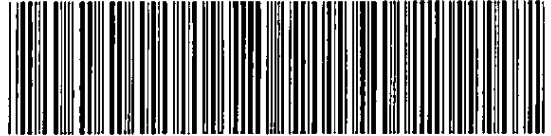
(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALCHEMY WELLNESS CENTER LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KATHERINE McLAUGHLIN  
Name of Person

ALCHEMY WELLNESS CENTER LLC  
Firm/Company

401 OLS DIXIE HWY 3920  
Address

JUPITER FL 33469  
City/State and Zip Code

ALCHEMYWELLNESS@PROTONMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE McLAUGHLIN 561 352 5182  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2024

KATHERINE MCLAUGHLIN  
401 OLD DIXIE HIGHWAY 3920  
JUPITER, FL 33469

SUBJECT: ALCHEMY WELLNESS LLC  
Ref. Number: W24000025678

We have received your document for ALCHEMY WELLNESS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name that you have chosen is not available. Please select a new name.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 324A00003382

March 8, 2024

KATHERINE MCLAUGHLIN  
401 OLD DIXIE HWY 3920  
JUPITER FL 33469

SUBJECT: ALCHEMY WELLNESS CENTER LLC  
Ref Number: W24000025678

I recently applied for a foreign limited liability company for authorization to transact business in Florida. My request to use the name Alchemy Wellness Center LLC was not completed because of the existing corporation listed as Alchemy Wellness Center, Inc.

After speaking with your Specialist and explaining that I am the owner of the corporation, Alchemy Wellness Center, Inc. and requested the filing for Alchemy Wellness Center LLC, I was advised to write a letter to verify my ownership per stated below:

I, Katherine A. McLaughlin, own the corporation of Alchemy Wellness Center, Inc. and request the use of Alchemy Wellness Center LLC in the state of Florida under the same ownership name of Katherine A. McLaughlin.

If you have any questions to complete this filing for Alchemy Wellness Center LLC please call me at 561-352-5182.

Thank You

A handwritten signature in black ink, appearing to read 'K. McLaughlin', written over a horizontal line.

Katherine A. McLaughlin

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

ALCHEMY WELLNESS 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. TEXAS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3916538  
(FEI number, if applicable)

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

5. 5109 82<sup>nd</sup> St.  
(Street Address of Principal Office)

6. 5109 82<sup>nd</sup> St.  
(Mailing Address)

#7 - 1107

#7 - 1107

CU BROOK TX 79424

CU BROOK TX 79424

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

Name: KATHERINE McLAUGHLIN

Office Address: 401 OLD DIXIE HWY 3920

JUPITER  
(City)

Florida 33409  
(Zip code)

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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.

[Signature]  
(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>KATHERINE McLAUGHLIN</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5109 82<sup>nd</sup> St.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u># 7 - 1107</u>	<input type="checkbox"/> Authorized	_____
Person	<u>WABOCK TX 79424</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 _____

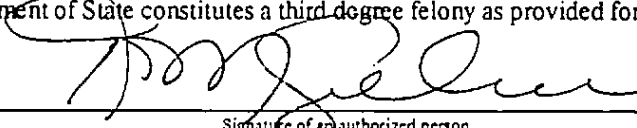
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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TALLAHASSEE, FLORIDA

**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.

  
\_\_\_\_\_  
Signature of an authorized person

KATHERINE McLAUGHLIN  
\_\_\_\_\_  
Typed or printed name of signer



## Office of the Secretary of State

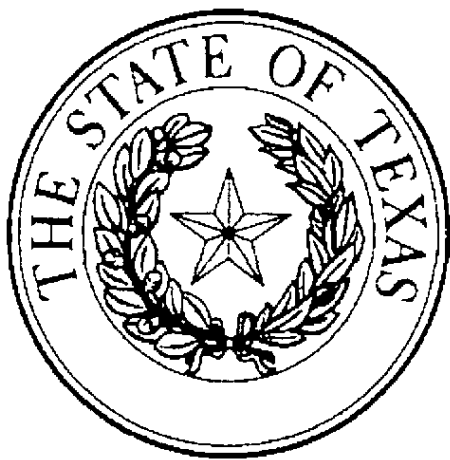
### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Alchemy Wellness Center, LLC (file number 804700465), a Domestic Limited Liability Company (LLC), was filed in this office on August 24, 2022.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: August 27, 2022

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 22, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State