Florida Department of State Division of Corporations

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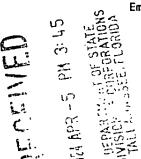
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (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. **

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Foreign Limited Liability Company Alabama wellness clinic llc

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Fax: 8134365206

4/5/2024-12:09:08 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	· · · · · · · · · · · · · · · · · · ·	ida The	alternate name must include "Limited L	iability Company,	" "L.L.C." or	"LLC.")
Alabama		3.	861883079			
thinsdiction under the law of w	tich foreign lumited liability company is organized)		(FE) num	er, if applicable)		_
		. ,				
	(Date first transacted business in Florida, if prior to re- (see sections 605 0004 & 605 0005, F.S. to determine	gistration penalty	.) fuhiday)			
7901 4th St N STE 300		6.	7901 4th St N STE 300 (Mailing Address)			
treet Address of Principal Office)			(Mailing Address)			
St. Petersburg FL 33702			St. Petersburg FL 33702			
	· · · · · · · · · · · · · · · · · · ·					_
						_
Name and street addres	s of Florida registered agent: (P.O. Box.)	NOT :	ccentable)			
The art street that s	g or i i i i i i i i i i i i i i i i i i		na opinacio,	(D)		
	Northwest Registered Agent LLC			ξ.	2024 APR	
Name:				•	ΛP	·
Office Address:	7901 4th St N STE 300				-5	* (12.74
Contract Production	,,					
	Ct. Optoroburg		, Florida 33702	,	유 3:	Same
	St. Petersburg		, , i iorida			

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Khatri, Nishant Name: □ Manager □ Manager Name: **M**ember □Member Address: Address: 7901 4th St N STE 300 □ Authorized □ Authorized St. Petersburg FL 33702 Person Person □Other____Other___ Other____

□ Manager

□ Member

Nume:

Address:

Nume:

Address:

□ Manager

□ Member

□Authorized		☐ Authorized	
Person		Person	
□Other	□Other	□Other	Other
L!Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	·
□Other	Other	□Other	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.

1/3/	Somethin		
•	- 	Signature of an authorized person	
Nat Smith			
		Typed or printed name of signer	

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Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Alabama Wellness Clinic, LLC was formed in Alabama on February 3, 2021. The Alabama Entity Identification number for this entity is 000-833-509. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240405000015680

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/05/2024

Date

Wes Allen

Secretary of State