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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2024

CHRIS-JOHN BOSCH
PO BOX 8248
CINCINNATI, OH 45249 US

SUBJECT: LIFEWISE ACADEMY LLC
Ref. Number: W24000039776

We have received your document for LIFEWISE ACADEMY LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Complete document was not received. Please resend with all documents attached.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 124A00005312

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LifeWise Academy 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:

Chris-John Bosch

Name of Person

Ashbrook Byrne Kresge LLC

Firm/Company

PO Box 8248

Address

Cincinnati, Ohio 45249

City/State and Zip Code

cjhbosch@ashbrookbk.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris-John Bosch

973

870-6660

at (_____) _____

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

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. LifeWise Academy 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.")

2. Ohio 83-4092001
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 5375 Grace Street
(Street Address of Principal Office)

6. (Mailing Address)

Hilliard, Ohio 43026-1411

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

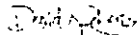
Name: Registered Agents Inc

Office Address: 7901 4th St N Ste 300

St. Petersburg 33702
(City) Florida (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)

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:**
☐ Manager Name: LifeWise, Inc.
☒ Member Address: 5375 Grace Street
☐ Authorized Hilliard, Ohio 43026-1411
Person
☐ Other ☐ Other

☒ Manager Name: Joel Penton
☐ Member Address: 5375 Grace Street
☐ Authorized Hilliard, Ohio 43026-1411
Person
☐ Other ☐ Other

☒ Manager Name: Steve Clifton
☐ Member Address: 5375 Grace Street
☐ Authorized Hilliard, Ohio 43026-1411
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Jeffrey Peterson
☐ Member Address: 5375 Grace Street
☐ Authorized Hilliard, Ohio 43026-1411
Person
☐ Other ☐ Other

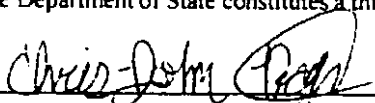
☐ Manager Name: Chris-John Bosch
☐ Member Address: PO Box 8248
☒ Authorized Cincinnati, Ohio 45249
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ 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.


Signature of an authorized person

Chris-John Bosch

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LIFEWISE ACADEMY LLC, an Ohio Limited Liability Company, Registration Number 4263317, was organized in the State of Ohio on December 6, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 22nd day of January, A.D. 2024.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202402205154