

P040000 80922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300035782153

US/20/04 - 01020--028 **78.75

FILED

2004 MAY 20 P 3 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAY 20 2011:40

DATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. WELL MED CARE ENTERPRISES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

CERTIFICATE OF INCORPORATION

OF

WELL MED CARE ENTERPRISES INC

2009 MAY 20 P 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We the undersigned, hereby associate ourselves together for the Purpose of becoming a corporation under the laws of the State of Florida. Providing for the information, rights, privileges, Immunities, and liabilities of incorporation for profit.

ARTICLE I

The name of the corporation should be :

WELL MED CARE ENTERPRISES INC.

ARTICLE II

The corporation will engage in any activity of business permitted Under the laws of the state of Florida and United States of America.

ARTICLE III

The corporation is authorized to issue and have outstanding and Aggregate number of **FIVE HUNDRED (500)** shares of one class of Common stock, having a par value of **ONE (\$1.00) DOLLAR** per Share.

This consideration to be paid for each share of stock shall be fixed
By the Board of Directors.

ARTICLE IV

All shareholders of the corporation shall be vested with full
Preemptive rights.

ARTICLE V

The Name and Address of the Registered agent in the **STATE OF FLORIDA** is :

Isis Moliner Gonzalez
1790 W 49 st
SUITE 305-14
Hialeah, Fl. 33012

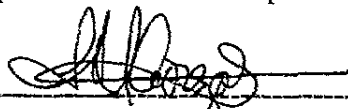
The **PRINCIPAL OFFICE** is:

1790 W 49 st
SUITE 305-14
Hialeah, Fl. 33012

Mailing Address is:

P.O. BOX 170634
HIALEAH, FL. 33017

Having been named Initial Registered Agent to accept service of
Process of the Corporation at the Initial Registered Office
Designated in these Articles of the Incorporation, I hereby accept
Such and consent to act in this capacity and agree to comply with
All the requirements of the law pertaining thereto.



Isis Moliner Gonzalez

ARTICLE VI

The number of Directors constituting the initial Board of Directors
Of the corporation is one, the number of Directors may be
Increased or decreased from time to time By the Law but shall
Never be less than one.

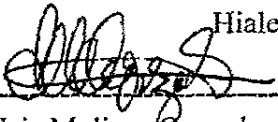
ARTICLE VII

The name and addresses of the members of the Initial Board of
Directors and incorporator are:

NAME:		ADRESS:
Isis Moliner Gonzalez	(President)	1790 W 49 st Suite 305-14 Hialeah,Fl. 33012
Isis Moliner Gonzalez	(V.President)	1790 W 49 st Suite 305-14 Hialeah,Fl. 33012
Isis Moliner Gonzalez (secretary)	(Treasury)	1790 W 49 st Suite 305-14 Hialeah,Fl. 33012

ARTICLE VIII

The name and addresses of the Incorporators executing these Articles
Of Incorporation are :

NAME	ADDRESS
Isis Moliner Gonzalez	1790 w 49 St Suite 305-14 Hialeah, Fl. 330
 _____ Isis Moliner Gonzalez	

ARTICLE IX

None of the stockholders will be able to sell his shares without before it is
Supplied to the other member of the board in writing.

FILED
2004 MAY 20 P 3 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA