

P07000031531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Wellness Referral Service Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Anthony Forgione  
Name (Printed or typed)

7373 W Country Club Blvd  
Address

Boca Raton FL 33487  
City, State & Zip

561 445-3761  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Wellness Referral Service Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

7491 N. Federal Highway  
Ste C5 Boca Raton FL 33487

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

medical referral service

**ARTICLE IV SHARES**

The number of shares of stock is:

2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Anthony Forgione - 7491 N Federal Highway  
Ste C-5 Boca Raton FL 33487

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

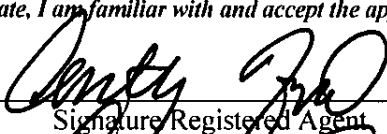
Anthony Forgione - 7373 W. Country Club  
Boca Raton FL 33487

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

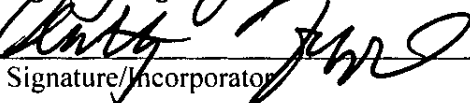
Anthony Forgione 7491 N. Federal Highway  
C5 Boca Raton FL 33487

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature Registered Agent

3/6/2007

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/6/2007

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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