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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 30 PM 1:39

PS 9/1/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2010

MAITE DEL REY
340 WEST 55 ST
HIALEAH, FL 33012

SUBJECT: M J MANAGEMENT INC.
Ref. Number: W10000036557

We have received your document for M J MANAGEMENT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 910A00018755

COVER LETTER

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

RECEIVED
10 AUG 30 PM 4:34
DIVISION OF CORPORATIONS

SUBJECT: Wellcare Management Group 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Maite del Rey

Name (Printed or typed)

340 West 55th Street

Address

Hialeah, FL 33012

City, State & Zip

(786) 343-7667

Daytime Telephone number

maitedelrey@hotmail.com

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

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:

Wellcare Management Group Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3300 Griffin Rd.

Dania, Fl 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business management

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maite del Rey	Joel Ortega
340 West 55th street	5086 sw 137 ter
Hialeah, Fl 33012	Miramar, Fl 33027
President/Owner	Vice President/Owner

ARTICLE VI REGISTERED AGENT

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

Maite del Rey

340 West 55th street

Hialeah, Fl 33012

ARTICLE VII INCORPORATOR

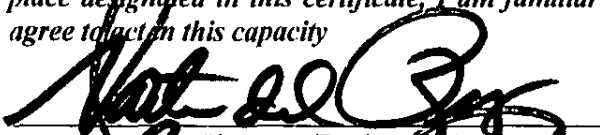
The name and address of the Incorporator is:

Maite del Rey

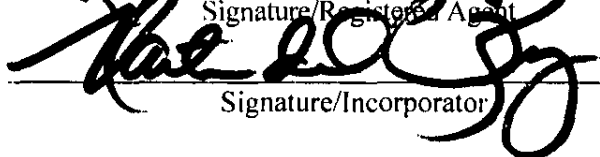
3300 Griffin Rd

Dania, Fl 33312

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



Signature/Incorporator

08/25/2010

Date

08/25/2010

Date

APPROVED
AND
FILED

10 AUG 30 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA