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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
5-17-11

COVER LETTER

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

SUBJECT: Well-Health Medical 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: PEDRO JOSE MEDINA
Name (Printed or typed)

8150 S.W. 8TH STREET #219
Address

MIAMI, FLORIDA 33144
City, State & Zip

786-352-2524
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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

WELL-HEALTH MEDICAL INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8150 S.W. 8TH STREET
SUITE 219
MIAMI, FLORIDA 33144

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PEDRO JOSE MEDINA P**
Address: **15138 S.W. 20TH LANE**
MIAMI, FLORIDA 33185

Name and Title: **MARIA C. RIVAS D/S**
Address: **8150 S.W. 8TH STREET**
SUITE 219
MIAMI, FLORIDA 33144

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

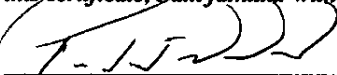
Name: **PEDRO JOSE MEDINA**
Address: **8150 S.W. 8TH STREET #219**
MIAMI, FLORIDA 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **PEDRO JOSE MEDINA**
Address: **8150 S.W. 8TH STREET #219**
MIAMI, FLORIDA 33144

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

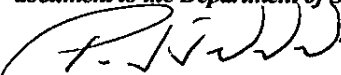


Required Signature/Registered Agent

05/13/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

05/13/2011

Date

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