

P/3000058567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

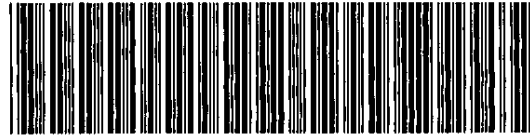
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/09/13--01012--008 **78.75

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SECTION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WELL-HEALTH MEDICAL CENTER, 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: MARIANITZA GONZALEZ

Name (Printed or typed)

8150 SW 8 STREET SUITE 220

Address

MIAMI FLORIDA 33144

City, State & Zip

305-961-1121

Daytime Telephone number

marianitzaacosta@yahoo.com ✓

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: WELL-HEALTH MEDICAL CENTER, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8150 SW 8 STREET SUITE 220 MIAMI FL, 33144

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWFULL BUSSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIANITZA GONZALEZ (P)

Address: 8150 SW 8 STREET SUITE 220
MIAMI FLORIDA 33144.

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARIANITZA GONZALEZ

Address: 8150 SW 8 STREET SUITE 220

MIAMI FLORIDA 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

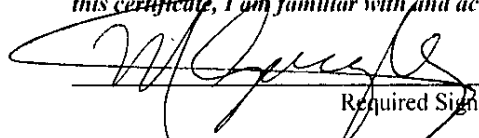
Name: MARIANITZA GONZALEZ

Address: 8150 SW 8 STREET SUITE 220

MIAMI FLORIDA 33144

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

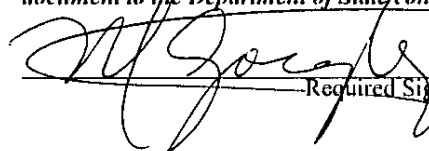
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/03/2013
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

07/03/2013
Date