

P15000024015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

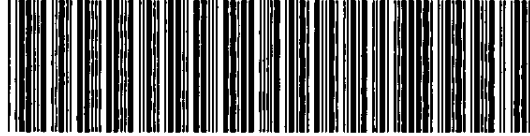
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/10/15--01018--004 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 10 PM 1:59

APPROVED  
AND  
FILED

WAT

## COVER LETTER

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

SUBJECT: Wellnester Home Care 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: Harold McDonald  
Name (Printed or typed)

454 NW 118 Avenue  
Address

Coral Springs, FL 33071  
City, State & Zip

917 514 9065  
Daytime Telephone number

business27@optonline.net  
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: Wellnester Home Care Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

454 NW 118 Ave.  
Coral Springs, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Help individuals to improve function and live with greater independence; to promote the client's optimal level of well being by assisting the patient to remain at home, avoid hospitalization or admission to long-term care institutions.

**ARTICLE IV SHARES**

The number of shares of stock is: one

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

Name and Title:	<u>Harold McDonald (CEO)</u>	Name and Title:	<u>Tyrone Williams (Director)</u>
Address	<u>454 NW 118 Ave</u> <u>Coral Springs, FL 33071</u>	Address:	<u>20050 NW 63rd Ave.</u> <u>Hialeah, FL 33015-</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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15 MAR 10 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

APPROVED (cont.)  
AND  
FILED

15 MAR 10 PM 1:59

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Monica G. Brown  
Address: 6100 S. Falls Cir. Dr. #204  
Lauderhill, FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Harold McDonald  
Address: 454 NW 118 Ave.  
Coral Springs, FL 33071

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

M. Brown

Required Signature/Registered Agent

3/2/15  
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.

Harold McDonald

Required Signature/Incorporator

03/08/2015  
Date