P1500053148

, ((Requestor's Name)	
	(Address)	
1	(Address)	
- 1	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	

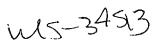




400272591634

05/11/15--01021--017 **140.00





COVER LETTER

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

Talianassee, FL 323	714		
SUBJECT:	Calh Well) (PROPOSED CORPORA	Well Care	UDA SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 CO	PY REQUIRED
FROM:	Sheniekea C	OCFCY (Printed or typed)	
	3280 NW 103	Denvale Address	
<u>Ce</u>	eval Syntys, 1-2 City,	33065 State & Zip	
	954)-560 - C Daytime T	1943 elephone number	
5	hanse 90 out 100 K E-mail address: (to be used	• COW) If for future annual report	notification)

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

COVER LETTER

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

SUBJECT: Wealth Well Care World, I			
,	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Shenickea Coc	HEY e (Printed or typed)	
3	280 NW 1037	TENTACEAddress	
	stal Springs 1	FL 33065 State & Zip	
	(54) -560 - C Daytime T	1943 Telephone number	
		d 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 II PRIN				(Kinic, I
	NCIPAL OFFICE Principal street address	Ma	uiling address, if dif	Yerent is:
, ·	J 103 Terroce gr 191 33665			
TRANSPORT OF THE PURPLE OF THE	POSE 1 the corporation is organized is: Angle	and au	lawfy	Business, J
RTICLE V INIT	of stock is: 11000			15 JUL 2
Name and Ti	ne Shonickea Codfrey CGO	Name and Title:	**** ****	. •
	0-0-0		alging to the	- Part
Address	3280 NW 103 Ferrace Coval Springs, P2 33065			8: 2e
		Address:	V 110	©
	Coval Springs, P2 33065	Address: Name and Title: Address:	V 110	©
Name and Tit	Coval Springs, P2 33065	Address: Name and Title: Address:		

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 resistance accept in	
The name and Florida street address (F.O. Box NOT acceptable) of	the registered agent is:	
Name: Menicked Courty		
Address: 3280 NW 103 Terroce		
	~	
ARTICLE VII INCORPORATOR	5	
The <u>name and address</u> of the Incorporator is:		
Name: Shenickea Golfrey	122	
Address: 3280 NW 103 Terrae	e 🤼 🚍 🛱	
Coral Sfrings, FR 3365	- 2g	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot	(OPTIONAL)	
days after the filing.)	t be more than live business days prior or 90 business	
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity	
	6/1/2015	
Required Signature/Registered Agent	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.		
	6/1/21-	
Required Signature/Incorporator		