

P15000102261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

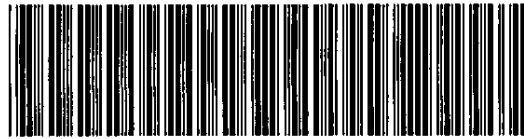
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



000279071610

11/18/15--01007--006 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 28 PM 5:21

APPROVED
AND
FILED

Office Use Only

WIS-77290

1/11

COVER LETTER

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

SUBJECT: WELLNESS, CORP.

(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: JULIO CESAR MENDOZA

Name (Printed or typed)

937 NW 97 AV #308

Address

DORAL, FLORIDA 33172

City, State & Zip

786-354-7775

Daytime Telephone number

juliocesarentrena@hotmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2015

JULIO CESAR MENDOZA
937 NW 97 AV #308
MIAMI, FL 33172

SUBJECT: WELLNESS, CORP.
Ref. Number: W15000077290

We have received your document for WELLNESS, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 715A00025042

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 DEC 28 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I – NAME:

Wellness, Corp.

Article II – PRINCIPAL OFFICE:

937 NW 97 Av #308 Miami, Florida 33172

Article III – PURPOSE

Any and all Lawful business

Article IV – SHARES:

The number of stock is: 100

Article V: INITIAL OFFICERS AND/OR DIRECTORS

Title: President

Julio Cesar Mendoza

937 NW 97 Av. #308 Miami, Florida 33172.

Article VI: REGISTERED AGENT

Julio Cesar Mendoza

937 NW 97 Av. #308 Miami, Florida 33172.

ARTICLE VII: INCORPORATOR

Julio Cesar Mendoza

937 NW 97 Av. #308 Miami, Florida 33172.

ARTICLE VIII: EFFECTIVE DATE:

The effective date for this corporation shall be:

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



Registered Agent

Date 01/01/2016

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



Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED