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Florida Department of State
Division of Corporations
Electronic Filing of Shares

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
WELLCARE CLINIC INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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AUG 22 2016

T. SCOTT

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* **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

TAX ID: 27-3946170

ARTICLE I NAME: The name of the corporation is:

Wellcare Clinic Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11865 SW 26 ST

Suite B-14

Miami, FL 33175

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Lina M. GAVIRIA (P)

16 AUG 19 AM 10:00

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

12902 SW 27 ST

Miami, FL 33175

LINA MARIA GAVIRIA

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

LINA MARIA GAVIRIA

11865 SW 26 ST SUITE B-14

MIAMI FL 33175

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08/19/2016 14:06

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LAZARUS

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Required Signatures:

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 and agree to act in this capacity

Lina McCanna _____
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. 817.01, F.S.

Lina McCanna _____
Incorporator Date

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