

11/26/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

**FILED**  
**2019 DEC -2 AM 11:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Wellnessa Inc**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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: Wellness Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address  
120 Cypress Club Drive, 234  
Pompano Beach, FL 33060

Mailing address, if different is:  
120 Cypress Club Drive, 234  
Pompano Beach, FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Sara Wafa, President, Secretary, Treasurer	Name and Title:	Elizabeth Metzler, Vice President
Address:	120 Cypress Club Drive, 234 Pompano Beach, FL 33060	Address:	120 Cypress Club Drive, 234 Pompano Beach, FL 33060

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

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

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TALLAHASSEE, FL

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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: Sara Wafa  
Address: 120 Cypress Club Drive, 234  
Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is.

Name: Sara Wafa  
Address: 120 Cypress Club Drive, 234  
Pompano Beach, FL 33060

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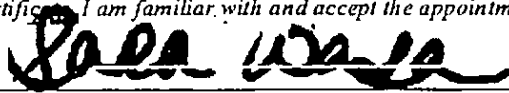
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

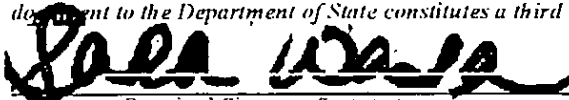


Required Signature/Registered Agent

11/20/2019

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

11/20/2019

Date

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