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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Augustin Bonese Mewanu,
502 Beverly Blvd,
Brandon, Fl 33511.

January 8, 2020.

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

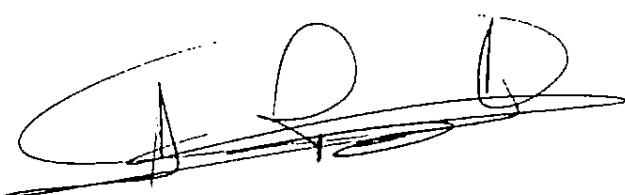
Articles of Incorporation.

Sir/Madam,

On November 23, 2019, I mailed Articles of Incorporation for WHOLESOME CARE FLORIDA, Inc; to your services.

Not having heard from your services nor received any documents to date, I take the liberty to re-send same in hopes of satisfactory service.

With compliments for the New Year,



Augustin Bonese Mewanu.

2020 JAN 14 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: WHOLESOME CARE FLORIDA, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: AUGUSTIN BONESE MEWANU

Name (Printed or typed)

502 BEVERLY BLVD

Address

BRANDON, FLORIDA 33511

City, State & Zip

(301) 523 7711

Daytime Telephone number

bomewanu@gmail.com

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

2020 JAN 14 AM11:04
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: WHOLESMOME CARE FLORIDA, INC.

ARTICLE II . PRINCIPAL OFFICE

Principal street address
502 BEVERLY BLVD

Mailing address, if different is:

BRANDON, FLORIDA 33511

ARTICLE III . PURPOSE

The purpose for which the corporation is organized is: To provide home and community based health care services

including:

1. Adult Residential group home services to individuals with DD as primary diagnosis

2. Supportive Inhome services to individuals with DD as primary diagnosis from ages 13 upward

3. Respite services to in-home support individuals as stated above

4. Companion Services to individuals listed in 1 to 3 above

5. All other allied health care services as shall be approved by the board from time to time

ARTICLE IV . SHARES

The number of shares of stock is: 1000 @ \$10 per share

ARTICLE V . INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Augustino Bonese Mewunu Name and Title: CEO

Address: 502 BEVERLY BLVD Address:

BRANDON, FLORIDA 33511

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TALLAHASSEE, FL

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Name and Title: Thomas Tanue Name and Title: Program Director

Address: 1211 Sarah Dr Silver Spring Address:

Maryland 20904

Name and Title: _____ Name and Title: _____

Address: _____ 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 registered agent is:

Name: Augustino Bonese Mewanu
Address: 502 BEVERLY BLVD
BRANDON, FLORIDA 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Augustino Bonese Mewanu
Address: 502 BEVERLY BLVD
BRANDON, FLORIDA 33511

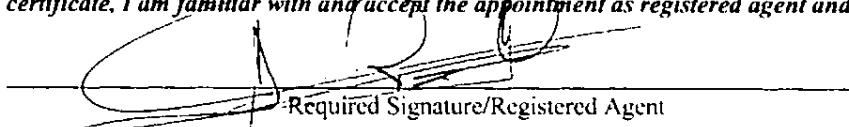
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/21/2019. (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

11/21/2019

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 in s.817.155, F.S.


Required Signature/Incorporator

11/21/2019

Date

FILED

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