

**P200003985803**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 WELL LIFE HEALTH CORP.**

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

2020 NOV 18 PM 2:24

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Well Life Health Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10211 W. Sample Rd. Suite 213

Coral Springs, FL 33065

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Christian Arca - President

Ruben Lambertt - Vice President

Emiliano Arca - Treasurer

Lidia Jacqueline Lambertt-Espinoza - Secretary

**ARTICLE V INTIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Christian Arca

10211 W. Sample Rd. Suite 213

Coral Springs, FL 33065

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

Christian Arca

10211 W. Sample Rd. Suite 213

Coral Springs, FL 33065

20111119 10:45 AM

**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 as registered agent and agree to act in this capacity**



Registered Agent

11/17/2020

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.**



Incorporator

11/17/2020

Date

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