Florida Department of State

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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 -uture annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION BE WELL CARE CENTER CORP.

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLE I NAME: The name of the corporation is:
Be Well CARE CENTER CORP.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
FOL # JVA ATPF WN OOZS
DORAL FL 33172
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Vial Novi De Talia
Yisel ARAUJO PAULA (VP)
M NIOTOTO 07-07
MARIO ALBERTO CEDRE (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Yisel ArauJo Paula
2500 NW 79th Ave # 107
Doral F1 33122
APTICI FILE INCORPORATION III
Yisel Arau Jo Paula
2500 NW 79th Ave #107
Doral Fl 33127

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

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.

corporator

Date

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