

PA1000021145

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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****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 MEDICAL SUPPLIES, INC.**

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

JLC 3/9/21

2021 MAR -8 PM 4:35
RECEIVED
2021 MAR -8 PM 4:17
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Wellcare Medical Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

13301 SW 132nd AVE SUITE 215

MIAMI, FL 33186

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

LEYSLY GIL / PRESIDENT

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

LEYSLY GIL

13301 SW 132ND AVE SUITE 215

MIAMI, FL 33186

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


LEYSLY GIL

13301 SW 132ND AVE SUITE 215

MIAMI, FL 33186

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

03/04/2021

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

03/04/2021

Date

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