Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001121093)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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 WELLNESS COMMUNITY & MEDICAL INC

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: Wellness community + Medical INC ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 946 E 25 ST HiAleah FL SHARES: The number of shares of stock is: 100 ARTICLE III INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE IV ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Maria INCORPORATOR: The name and address of the Incorporator is: ARTICLE VI Angeles

33013

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 03/19/21

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.

2021 MAR 19 PK 4:29