

P 21000037229

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210001270443AECV

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DAKOTA ACCOUNTING SERVICES INC.
Account Number : I20160000034
Phone : (786)650-1600
Fax Number : (786)650-1601

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

info@2020TAXPRO.COM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 APR 23 AM 6:07

FLORIDA PROFIT/NON PROFIT CORPORATION

Will Health Inc

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2021 APR 23 AM 8:46

Electronic Filing Menu

Corporate Filing Menu

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April 16, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DAKOTA ACCOUNTING SERVICES INC.

SUBJECT: WILL HEALTH INC
REF: W21000051548

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The shares must be a whole number. Not a percentage.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor
New Filing Section

FAX Aud. #: H21000127044

Letter Number: 621A00007862

*Refaxed
4/16/21*



April 1, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAKOTA ACCOUNTING SERVICES

SUBJECT: WILL HEALTH INC
REF: W21000043744

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor
New Filing Section

FAX Aud. #: H21000127044
Letter Number: 721A00006840

*Refaxed
4/15/21*

COVER LETTER

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

SUBJECT: Will Health 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 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: 2020 TAX
Name (Printed or typed)

13501 SW 120th Street, STE 217
Address

MIAMI, FL 33186
City, State & Zip

786-650-1600
Daytime Telephone number

info@2020TAXPRO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



H210001270443ABCV

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: Will Health Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
210 Fontainebleau Blvd APT 11
MIAMI, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Grayales, President Name and Title: _____

Address: 210 Fontainebleau Blvd Address: _____
APT 11
MIAMI, FL 33172

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____



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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: 2020 TAX

Address: 13501 SW 128th ST, STE 217
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: 2020 TAX

Address: 13501 SW 128th ST, STE 217
Miami, FL 33186

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

3/30/2021
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.817.153, F.S.

Required Signature/Incorporator

3/30/2021
Date



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