

P21000094608

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000410370 3)))



H210004103703ABCS

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

****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 MEDICAL SOLUTIONS, INC.**

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

RECEIVED

2921 NOV -4 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV -4 AM 7:28

2021 NOV -4

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

WELLNESS MEDICAL SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

14021 SW 22ND ST MIAMI, FL 33175

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

RAUL TEJEDA (P)

14021 SW 22ND ST

MIAMI, FL 33175

SIGNATURE
DATE
TIME

2021 NOV -4 AM 7:28

FBI 20

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

RAUL TEJEDA

14021 SW 22ND ST

MIAMI, FL 33175

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

RAUL TEJEDA

14021 SW 22ND ST

MIAMI, FL 33175

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

11/04/2021

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

11/04/2021

Date

2021 NOV -4 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FL