

3/2/23, 10:53 AM

**P23000015996**

Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

**\*\*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  
WELLINGTON ENTERPRISE SERVICES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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STATE OF FLORIDA  
TALLAHASSEE, FL

2023

2 PM 1:52

23

**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: WELLINGTON ENTERPRISE SERVICES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
207 Wellington A, West Palm Beach, FL 33417

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: HOLDING COMPANY AND ANY LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BRUCE KAPLAN, PRESIDENTAddress: 207 Wellington A  
West Palm Beach, FL 33417

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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TALLAHASSEE, FL  
STATE

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: BRUCE KAPLAN  
 Address: 207 Wellington A  
West Palm Beach, FL 33417

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRUCE KAPLAN  
 Address: 207 Wellington A  
West Palm Beach, FL 33417

**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*

/S/ BRUCE KAPLAN

Required Signature/Registered Agent

3/2/2023

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.*

/S/ BRUCE KAPLAN

Required Signature/Incorporator

3/2/2023

Date

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