

P24000071890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500426072395

FILED

2024 MAR 21 PM 2:07

OFFICE OF STATE
RECORDS & ADMINISTRATION
TALLAHASSEE, FL

RECEIVED

2024 MAR 21 PM 4:12

OFFICE OF STATE
RECORDS & ADMINISTRATION
TALLAHASSEE, FL

[Handwritten signature]

W24000071890

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WELLCARE HEALTH SOLUTIONS INC

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

2024 MAR 21 PM 2:07
RECORDED
STATE
TALLAHASSEE, FL

FILED

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WELLCARE HEALTH SOLUTIONS INC

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

2024 MAR 21 PM 2:07
CLERK OF STATE
TALLAHASSEE, FL

FILED

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

11. Pender's Printing • Tallahassee, FL 32301

COVER LETTER

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

SUBJECT: WELLCARE HEALTH SOLUTIONS INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee.
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: _____
Name (Printed or typed)
2800 WEST OAKLNAD BLVD STE 102-D

Address
OAKLAND PARK, FLORIDA 33311


City, State & Zip
305-783-2394

Daytime Telephone number
ezgconsultantsandstaffing@gmail.com

E-mail address: (to be used for future annual report notification)

STATE OF TEXAS,
COUNTY OF DALLAS.

2024 MAR 21 PM 2:07



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

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: WELLCARE HEALTH SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2800 WEST OAKLAND BLVD STE 102-D

OAKLAND PARK, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL EQUIPMENT SUPPLIER

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EFRAIN GARCIA/ PRESIDENT Name and Title: _____

Address 11640 SW 42nd ST UNIT 230 Address: _____
MIRAMAR FL 33025

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2024 MAR 21 PM 2:07
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TREASURY DEPARTMENT
TALLAHASSEE, FL

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: EFRAIN GARCIA
Address: 11640 SW 42nd ST UNIT 230
MIRAMAR FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EFRAIN GARCIA
Address: 11640 SW 42nd ST UNIT 230
MIRAMAR FL 33025

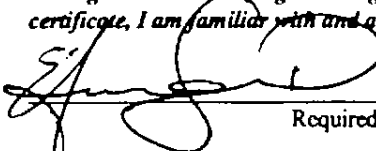
ARTICLE VIII EFFECTIVE DATE:

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.

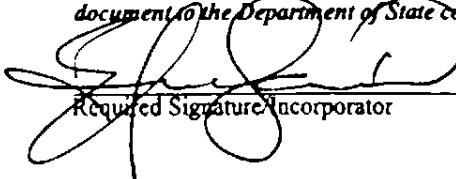
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

3/21/24
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.



Required Signature/Incorporator

3/21/24
Date

FILED
2024 MAR 21 PM 2:07