7/2000065284

(Requestor's Name)	
(Address)	000235682070
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	06/01/1201012003 **78
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: CORRECTED' CORPORATION NAME!	12 JUL 25
CORRECTED' CORPORATION NAME" PERTELEPHONE CONVERSATION WITH RYAN P. WILLETTE	SE 35 TE 15
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. Office Use Only

W12-30599

**78.75



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 JUL 25 AM 10: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 5, 2012

RYAN P. WILLETTE P.O. BOX 200 ORANGE SPRINGS, FL 32182

SUBJECT: WINDWARD GROUP, INC.

Ref. Number: W12000030599

We have received your document for WINDWARD GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000094099 (WINDWARD GROUP, L.L.C.).

Please complete the Officer/Director listing to include the City, State and Zipcode. Also, please choose only one address; either P.O. Box OR Street.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 412A00015883

COVER LETTER

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

SUBJECT: P.P.W. Properties.	INC.	
SUBJECT: B. P.W. Properties, INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
S70.00 S78.75 Filing Fee & Certificate of Status (Uready Paid)	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate Of Status ADDITIONAL COPY REQUIRED	
FROM: Ryan P. Willette Name (Printed or typed)		
10733 NE 227TD Pl. Rd. (P.D. Box 200)		
Orange Springs, FL 32182 Cityl State & Zip		
352 - 540 - 5019 Daytime Telephone number		
Otrmile @ nocketmail. com E-mail address: (to be used for future annual report notification)		

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: R.P. W. Proper	ties, INC.	
ARTICLE II PRINCIPAL OFFICE		
Principal street address	Mailing address, if different is:	
10-02 NF 02-711 Ot Od	P.O. Box 200	
10733 NE 2274 P. Rd.		
Orange Springs, FL 32186	Drange Springs, FL 32182	
ARTICLE III PURPOSE	5 1 5 52102	
The purpose for which the corporation is organized is:		
To buy, Sell and mar	MAR VAN LACTALA	
To pay 1 sen and ma	mge react state	
,	J	
The number of shares of stock is:		
The named of shares of stock is.		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	<u>ers</u>	
Name and Title: Ryan P. Willette Preside	Name and Title:	
Address: P.O. Box 200 /10733 NE	2 Add ts: PI Rd	
32182		
		
Name and Title:		
Address:	Address:	
		
Name and Title:	Name and Title:	
Address:	Address:	
ARTICLE VI REGISTERED AGENT	<u> </u>	
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name: Ryan P. Willette Address: 107.33 NE 207Th P. Rd	The second secon	
Orange Springs FL 3	河18 2	
<u> </u>		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:	E Partie Company	
Name: Ryan P. Willette	<u> </u>	
Address: 10733 NE 327111 PI RA		
thank open gone se	100	
Having been named as registered agent to accept service of proce		
this certificate, I am familiar with and accept the appointment as n	egistered agent and agree to act in this capacity	
Idam Atom	7/27/12	
To the work	7 33 13	
Required Signature/Registered Agent	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.		
\mathscr{P}_{1}		
Lype With	7 33 13	
Required Signature/Incorporator	Date	