

P 14000015374

10:09:40 AM  
Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6381

From: Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954) 428-8899  
Fax Number : (954) 428-6699

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: BETH910@MSN.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
BETH WENNERSTROM PA

Certificate of Status	0
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2/17/2014 1:18:10 PM PAGE 1/001 FAX DELIVER

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February 17, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GM FINANCIAL GROUP

SUBJECT: BETH WENNERSTROM PA  
REF: W14000010165

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.

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Claretha Golden  
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FAX Aud. #: H14000036137  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

# 2 / 4  
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DIVISION OF CORPORATION  
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**ARTICLE I NAME**  
The name of the corporation shall be: BETH WENNERSTROM PA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

1040 SEMINOLE DRIVE  
#1758  
FT. LAUDERDALE, FL 33304

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: REALTOR

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BETH WENNERSTROM, PRES Name and Title: \_\_\_\_\_

Address: 1040 SEMINOLE DR Address: \_\_\_\_\_  
#1758  
FT. LAUDERDALE, FL 33304

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

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

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

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

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Beth and Don

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(omit)

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:

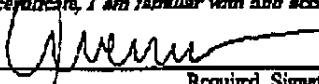
Name: BETH WENNERSTROM  
 Address: 1040 SEMINOLE DRIVE #1758  
FT LAUDERDALE, FL 33304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: BETH WENNERSTROM  
 Address: 1040 SEMINOLE DRIVE #1758  
FT LAUDERDALE, FL 33304

*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

2-11-14  
 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

2-11-14  
 Date

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