

P16000002/38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

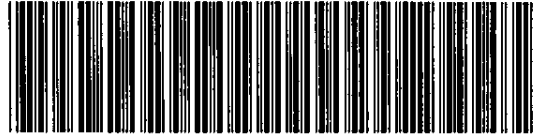
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 DEC 30 AM 7:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
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VH

COVER LETTER

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

SUBJECT: C WEBER, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: C.M. Weber
Name (Printed or typed)
P.O. BOX 60644
Address
Ft Myers, FL 33906
City, State & Zip
239-454-4556
Daytime Telephone number
carolmw@aol.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: C WEBER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5549 Pendlewood Ln

P.O. BOX 60644

Ft Myers, FL 33919

Ft Myers, FL 33906

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful business activities.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: C.M. Weber - President

Name and Title: _____

Address 5549 Pendlewood Ln

Address: _____

Ft Myers, FL 33919

Name and Title: L. Thompson - Secretary

Name and Title: _____

Address 5549 Pendlewood Ln

Address: _____

Ft Myers, FL 33919

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA
15 DEC 30 AM 7:44

APPROVED
AND
FILED

APPROVED

APPROVAL AND FILED (cont.)

Name and Title: _____ Name and Title: 15 DEC 30 AM 7:44
Address _____ Address: SECRETARY OF STATE
_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C.M. Weber
Address: 5549 Pendlewood Ln
Ft Myers, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: C.M. Weber
Address: 5549 Pendlewood Ln
Ft Myers, FL 33919

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

5-22-15

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

5-22-15

Date