

P23000078638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

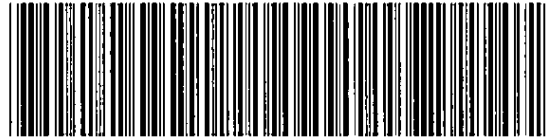
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 11/7

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING INC _____

1. WCSJR II CORPORATION
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: WCSIR II Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address 2390 Tamiami Trail North, Suite #204
Naples, Florida 34103

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in and transact any lawful business for which corporations may be incorporated under the Florida Business Corporation Act and to do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them

ARTICLE IV SHARES

The number of shares of stock is: 7000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>William C. Steere, Jr., President</u>	Name and Title: <u>Elwood, B. Davis, VicePresident/Treasurer</u>
Address <u>27471 Harbor Cove Court</u>	Address: <u>c/o Northeast Financial Consultants</u>
<u>Bonita Springs, Florida 34134</u>	<u>PO Box 2630</u>
_____	<u>Westport, Connecticut 06880</u>

Name and Title: <u>Patrice S. Reilly, Vice President/Secretary</u>	Name and Title: <u>Jesse Viera da Rocha, Vice President</u>
Address <u>c/o Northeast Financial Consultants</u>	Address: <u>6151 S-W 86th Street South</u>
<u>PO Box 2630</u>	<u>Miami, Florida 33143</u>
<u>Westport, Connecticut 06880</u>	_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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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: Charles M. Kelly, Jr.
 Address: 2390 Tamiami Trail North, Suite #204
Naples, Florida 34103

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Charles M. Kelly, Jr.
 Address: 2390 Tamiami Trail North, Suite #204
Naples, Florida 34103

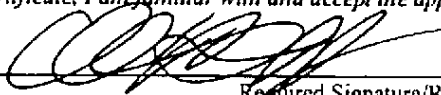
ARTICLE VIII EFFECTIVE DATE:

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.)

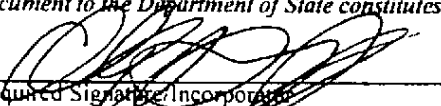
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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 Date

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