

P03000141938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

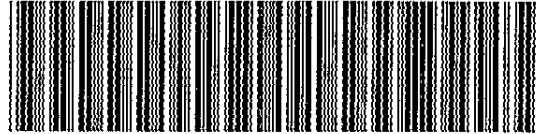
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A.H.
12-20

TRANSMITTAL LETTER

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

SUBJECT: W. Wenck Carpentry 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Warren Wenck
Name (Printed or typed)

6520 Sabal Drive
Address

Sarasota, FL 34242
City, State & Zip

941-924-6132
Daytime Telephone number

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:

W. WENCK CARPENTRY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6520 Sabal Drive
Sarasota FL 34242

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct carpentry business

ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WARREN WENCK
6520 Sabal Drive
Sarasota, FL 34242
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

WARREN WENCK
6520 Sabal Drive
Sarasota FL 34242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WARREN WENCK
6520 Sabal Drive
Sarasota FL 34242

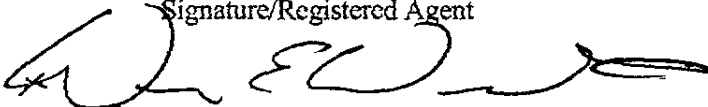
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/17/03

Date



Signature/Incorporator

11/17/03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA