# F23000003268

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Endly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23000045951

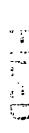
Office Use Only



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2023 HAY 22 PM 12: 00





May 5, 2023

WILLIAM BARTELS 450 OCEAN DRIVE, #906 JUNO BEACH, FL 33408 US

SUBJECT: WHB SERVICES, INC. Ref. Number: W23000065951

We have received your document for WHB SERVICES, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return 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) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 523A00010205

LESENDING AFTER CALLING YOUR

DEPT. HANK YOU.

MAY

MAY 2 2 2023

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: WIIB Service	s, Inc.			
	Name of corporation	ı - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	by Foreign Corporation for or "Certificate of Good Stan orporation to transact busine	iding" and check are subr		
Please return all correspond	lence concerning this matter	r to the following:		
William Bartels				
	Name of	Person		
WHB Services, Inc.				
	Firm/Con	npany		
450 Ocean Drive, #906				
	Addro	ess	<del></del>	
Juno Beach, Florida 33408				
	City/State a	nd Zip code		
b4bees@msn.com				
t	E-mail address: (to be used f	for future annual report no	otification)	
For further information con	cerning this matter, please c	eall:		
William Bartels	914 at (	de ) 523 7047  Daytime Telephone Number		
Name of Person	Area Code	e Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
Enclosed is a check for the Please make check payable to:  ☐ \$70.00 Filing Fee	FLORIDA DEPARTMENT	OF STATE  S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

#### "APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

WHB Services,	Inc.					
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,	••		
(If name unavail	able in Florida, enter alternate corporate nan	ne a	dopted for the purpose of transacting	business i	in Florid	<u>a)</u>
Nevada		3.	41-1787423			
(State or country under the law of which it is incorporated)		J	(FEI number, if app	licable)		_
4. July 8, 1994 [W	R Services, Inc.] name changed on 3.13.01	5.				
(Date of incorporation)			(Date of duration, if other th	(Date of duration, if other than perpetual)		
6. Jan 1, 2023						
7. 450 Ocean Drive	Suite #906 Juno Beach, Florida 33408		02, F.S., to determine penalty liability e street address)			
<u></u>	(Current mai	ling	address, if different)	-		_
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P William Bartels	P.O.	Box NOT acceptable)		2023 HAY 22	·- <u>-</u>
Office Address:	450 Ocean Drive #906		·- <u>-</u>	7. <u>1.</u> A.S. / .		-
	Juno Beach.		, Florida <sup>33408</sup>	-	≥.	
	(City)		(Zip code)	•	PH 12: 00	

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### William Bartels Name: **≦**Chairman □ Chairman 450 Ocean Drive #906 Juno Bea □Vice Chairman Address: □Vice Chairman Address: JUNO BEACH, FLORIDA Director ☐ Director President ☐ President □ Vice President □ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Stella Bartels Chairman Name: □ Chairman Same 450 DEIN DRIVE #406 Address: JUNO BEARLY □Vice Chairman Address: **■** Director □Director ☐ President □President ☐ Vice President ☐ Vice President **■** Secretary □ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director □ Director □ President ☐ President □ Vice President \_\_\_\_ □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Suntets Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. William Bartels & Otella Bartels

A. DIRECTORS

## SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

WHB SERVICES, INC.

Organizational Documents on File

Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence. WHB SERVICES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/08/1994, and is in good standing in this state.



Certificate Number: B202304173579933 You may verify this certificate online at http://www.nvsos.gov IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/17/2023

FRANCISCO V. AGUILAR Secretary of State