

114 xxxxx 298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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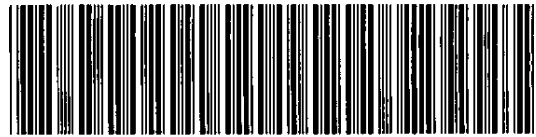
(Business Entity Name)

(Document Number)

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1-13-14

COVER LETTER

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

SUBJECT: Washington Enterprises of North Florida Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Cleveland Washington
Name (Printed or typed)

3209 Triton circle
Address

Tallahassee, FL. 32312
City, State & Zip

850-661-6629
Daytime Telephone number

clwsh@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Washington Enterprises of N. FL. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3209 Triton Circle

Tallahassee, FL. 32312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Community Service & Outreach.

Rehabilitation & Addiction Counseling.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected By

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cleveland Washington Name and Title: Kristylen Washington

Address: -CEO- Address: -CFO-

3209 Triton circle

3209 Triton circle

Tallahassee, FL. 32312

Tallahassee, FL. 32312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Cleveland Washington
Address: 3209 Triton Circle
Tallahassee, FL. 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cleveland Washington
Address: 3209 Triton circle
Tallahassee, FL. 32312

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 of Registered Agent

1/13/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

1/13/14
Date