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(Business Entity Name)
(Document Number)
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

W.E.G. Corporation

SUBJECT: _

(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

Service Certificate

ADDITIONAL COPY REQUIRED

imberlu FROM: _

3125 S.W. 128th

Miramar, FL. 33027 City, State & Zip

Q54 - MMB - 1M51 Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

W.E.G. Corporation

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Status

■\$78.75 Filing Fee & Certified Copy **K** \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Kimberly Kr

3125 S.W. 128th Avenue

Miramar, FL. 33027 City. State & Zip

Q54 - MMB - IM51 Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2016

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KIMBERLY PRATT 3125 SW 128TH AVENUE MIRAMAR, FL 33027

SUBJECT: W.E.G. CORPORATION Ref. Number: W16000013394

We have received your document for W.E.G. CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The title(s) in the officer/director field(s) is/are not acceptable.Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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) 245-6052.

Neysa Culligan Regulatory Specialist II -

Letter Number: 216A00003747

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www.sunbiz.org

Division of Cornerations - P.O. BOX 6327 Tallahassee Florida 32314

In	compliance	with Cha	pter 617,	F.S., (Not for	Profit)

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	Principal street address:		Mailing addre	ess, if anneath is	PH LOD
	3125 S.W 128th Avenu	e		_SECHELLA	Y OF 1771-
	Miramar, FL 3305			IALLAHASS	Y OF STATE EE FLORIDA
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 Name and Title: Address	Name and Title:	
	REGISTERED AGENT Dirida street address (P.O. Box NOT acceptable) of the registered agent is: Kimberly Pratt 3125 S.W 128th Avenue	
	Miramar, FL. 33027 INCORPORATOR dress of the Incorporator is:	
Name:	Kimberky Prott	
Address:	3125 S.W 128th Avenue Miramar, FL. 33077	
Effective date, if o	EFFECTIVE DATE: other than the date of filing: (OPTIONAL)	ass dovo

(11 cific and cannot be more than five business days prior or 90 business 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 of Registered Agent

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

02/29/16

02/29/2016 Date