

N200000000106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

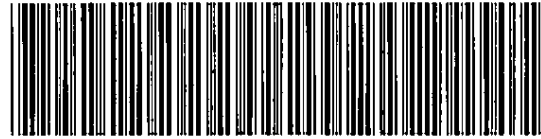
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100333380871

03/04/19--01007--010 \*\*87.50

SEP 19 10 21 23



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2019

CARRIE ROPER  
5439 MIRA VISTA DR  
PALM HARBOR, FL 34685

SUBJECT: WIG OUT INC  
Ref. Number: W19000087035

We have received your document for WIG OUT INC 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Marti Simmons  
Regulatory Specialist II

Letter Number: 519A00019944

## COVER LETTER

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

SUBJECT: Wig Out 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: Carrie Roper  
Name (Printed or typed)

5439 Miravista Dr.  
Address

Palm Harbor, FL 34685  
City, State & Zip

813-361-1022  
Daytime Telephone number

Carrie.21@hotmail.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: Wig Out Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5439 Miravista Dr.  
Palm Harbor FL 34685

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To raise money for recipients  
in need of help obtaining wigs or other hair  
items due to cancer or other illnesses.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: volunteer

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Carrie Roper

Address: President

5439 Miravista Dr.  
Palm Harbor FL 34685

Name and Title: Zack Roper

Address: Chief Financial Officer

5439 Miravista Dr.  
Palm Harbor FL 34685

Name and Title: Kristin DePasquale - Vice President

Address: 160 Laurel Hill  
Centerpoint NY 11721

Name and Title: Traci Charlton

Address: Social Media Director

Name and Title:

Address:

SEP -11 PM 2:23

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: Wig Out, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

5439 Miravista Dr.

Palm Harbor, FL 34685

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Wig Out, Inc. is a  
non for profit 501c3 organization.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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: Louise Fischer-Director Name and Title: \_\_\_\_\_

Address: 1455 Willow Brook Dr Address: \_\_\_\_\_  
Palm Harbor, FL 34683 \_\_\_\_\_  
\_\_\_\_\_

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: Carrie Roper

Address: 5439 Mira Vista Dr  
Palm Harbor FL 34685

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**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*

Carrie Roper  
Required Signature of Registered Agent

\_\_\_\_\_  
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.*

Carrie Roper  
Required Signature of Incorporator

\_\_\_\_\_  
Date