

P00000025984

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

SUBJECT: Waterproof Outer Wear, Inc.
(Proposed corporate name - must include suffix)

600003168836--3
-03/14/00--01070--001
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Llewellyn Fedorchak
Name (Printed or typed)

5910 18th Avenue N.W.
Address

Naples, FL 34119
City, State & Zip

941-594-5322
Daytime Telephone number

FILED
00 MAR 14 PM 12:08
RECEIVED
00 MAR 14 AM 10:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Mail Out

T. SMITH MAR 14 2000

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: Waterproof Outer Wear, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 5910 18th Avenue N.W.
Naples, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: wholesale Outer Wear Clothing
Sales.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 per share.

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): Llewellyn Fedorchak, President
5910-18th Ave N.W. Naples, FL 34119

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:
Llewellyn Fedorchak
5910-18th Ave N.W. Naples, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:
Llewellyn Fedorchak
5910-18th Ave. N.W. Naples, FL 34119

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent


Signature/Incorporator

3/12/2000

Date

3/12/2000

Date

SECRETARY OF STATE
TALLAHASSEE, FL 32304

00 MAR 14 PM 12:08

FILED