

P000000074 833

TRANSMITTAL LETTER

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

300003348673--6
-08/08/00--01022--001
*****70.00 *****70.00

SUBJECT: WALEN ENTERPRISES, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: AL E. WALEN
Name (printed or typed)
1919 LAKE ALDEN DR.
Address
APOPKA, FL 32712
City, State & Zip
(407) 880-9913
Daytime Telephone number

FILED
2000 AUG -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EC 8/8
W-19497

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WALEN ENTERPRISES. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1919 LAKE ALDEN DR.
APOPKA, FL 32712

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED (100) SHARES @ TEN DOLLARS (\$10.00) PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AL E. WALEN
1919 LAKE ALDEN DR.
APOPKA FL 32712

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

AL E. WALEN
1919 LAKE ALDEN DR.
APOPKA, FL 32712

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of August, 19 2000.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WALEN ENTERPRISES, INC.
2. The name and address of the registered agent and office is:

AL E. WALEN
(NAME)

1919 LAKE ALDEN DR.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

APOPKA, FL 32712
(CITY/STATE/ZIP)

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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)

Aug. 5, 2000
(DATE)