

TRANSMITTAL LETTER

P00000 116293

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

SUBJECT: WMM of Longwood, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

~~9000003502699~~

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: William M. Morse
Name (Printed or typed)

117 RED BAY DRIVE
Address

LONGWOOD FLORIDA 32779
City, State & Zip

407-862-0565
Daytime Telephone number

9000003502699-7
-12/15/08-01086-005
*****87.50 *****87.50

FILED
00 DEC 15 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

William Morse GAVE
AUTHORIZATION BY PHONE TO
CORRECT corp name and
DATE _____
DOC. EXAM _____

29789
W-
08/2/20

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:

WMM of Longwood P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

117 RED BAY DRIVE
LONGWOOD FL. 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PERSONAL BUSINESS, The practice of Real estate

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

PRESIDENT
William M. MORSE
117 RED BAY DRIVE
Longwood FL. 32779

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

William M. MORSE
117 RED BAY DRIVE
Longwood FL. 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William M. MORSE
117 RED BAY DRIVE
Longwood FL. 32779

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

Signature/Registered Agent

Date

12/16/2000

Signature/Incorporator

Date

12/16/2000

FILED
00 DEC 15 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA