

TRANSMITTAL LETTER

P010000068059

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

SUBJECT: WYNEKEN FAMILY ENTERPRISES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

01 JUL -6 AM 10:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: THOMAS L. WYNEKEN
Name (Printed or typed)

1518-5 MAINSAIL DRIVE
Address

NAPLES, FLORIDA 34114
City, State & Zip

941 389 6380
Daytime Telephone number

200004462942--4
-07/06/01--01103--002
*****87.50 *****87.50

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

2

7/11

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:

WYNEKEN FAMILY ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2517 S. TAMiami TRAIL, UNIT A
PUNTA GORDA, FL. 33950**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

OPERATE FAMILY BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

THOMAS L. WYNEKEN	1518-5 MAINSAIL DR.	NAPLES, FL.	34114
HELENE R. WYNEKEN	1518-5 MAINSAIL DR.	NAPLES, FL.	34114
ANNA GRACE WYNEKEN	1518-5 MAINSAIL DR.	NAPLES, FL.	34114

ARTICLE VI REGISTERED AGENT

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

HELENE R. WYNEKEN 1518-5 MAINSAIL DR. NAPLES, FL. 34114

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

THOMAS L. WYNEKEN 1518-5 MAINSAIL DR. NAPLES, FL. 34114

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

Signature/Incorporator

Date

FILED
01 JUL -6 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA