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(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:





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ECRETARY OF STATE
LLAHASSEE, FLORIDA

-11.1

May 20, 2003

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In regards to: Articles of Incorporation

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

Attn: Corporations Division,

Dear Sir or Madam:

Enclosed, please find an official copy of my Articles of Incorporation for WWS, Inc. I enclose them in hopes of expediting commencement of business for my company. As I'm sure you can appreciate, I am anxiously awaiting the day when I can officially and legally begin to do business.

I would also appreciate a quick communication just letting me know that you have received this letter along with the enclosed Articles.

Thank you in advance for your attention to this matter.

Respectfully, Anastasio Santiago President

Enclosure

TRANSMITTAL LETTER

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

SUBJECT: WWS OF Palm Boach, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME - MOST INCL	<u>ude suffix</u>)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:	
* 🗖 \$70.00	□ \$78.75	\$78.75	☑ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		}	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	ANASTASIO S	ANTIAGO		
Name (Times of Gybes)				
729 Robin WAY				
Address				
NORth Palm Boach FlA. 33408 City, State & Zip				
City, State & Zip				
	(561) 63004	161		
(561) 630 0461 Daytime Telephone number				

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

. ,		FILED
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621.	, F.S. (Profit)	03 JUL -7 AM 10: 16
ARTICLE I NAME The name of the corporation shall be:	- - -	SECRETARY OF STATE TALLAHASSEE, FLORIDA
WWS OF PAIM BOACH INC.	美	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		_
729 RODIN WAY North PAIM BOACK Fl. 33408	.7	
ARTICLE III PURPOSE The purpose for which the corporation is organized in	S:	er.
Real Estate Inve	∵	
ARTICLE IV SHARES The number of shares of stock is: 100 Shares at 41.00 / Share	m .	4 . ·
ARTICLE V INITIAL OFFICERS/DIRECT	ORS (optional)	
The name(s), address(es) and title(s): ANASTASIO SANTIAGO	=	
729 Robin WAY	-	
North Aslm Boach Fl. 33408		
ARTICLE VI REGISTERED AGENT The name and Florida street address of the register	ed agent is:	•
ANASTASID SANTIAGO	<u></u>	
MORTH PAIM BOACL Fl. 33408		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		*
ANASTASIO SANTIAGO		
729 Robin WAY North PAIM BOACH FL 33408 ************************************		**********
Having been named as registered agent to accept service of pre- certificate, I am familiar with and accept the appointment as re-		
mastario Sontiaso	-	7-03-03
Signature/Registered Agent		Date

Instance Sontial
Signature/Incorporator

7-03-03 Date