

PO3000115770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

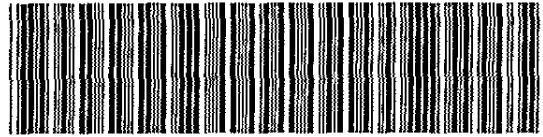
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 OCT 13 PM 2:35
STATE
TALLAHASSEE, FLORIDA

OB 10/17

TRANSMITTAL LETTER

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

SUBJECT: Wisham Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jason Wisham

Name (Printed or typed)

P.O. Box 407

Address

Hollister, Fla 32147

City, State & Zip

386-325-5881

Daytime Telephone number

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

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:

Wisham Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O Box 407 Hollister, Fla 32147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do any legal and lawful business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jason Wisham P.O. Box 407 Hollister, Fla 32147 : President/Treasure

Debra Wisham P.O. Box 407 Hollister, Fla 32147 : Treasure

ARTICLE VI REGISTERED AGENT

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

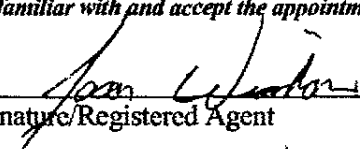
Jason Wisham 107 Osteen Rd. Hollister, Fla 32147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason Wisham 107 Osteen Rd. Hollister, Fla 32147

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

10/08/032

Date



Signature/Incorporator

10/08/03

Date

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03 OCT 13 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA