

PO3000124303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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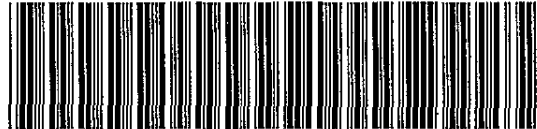
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 OCT 27 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Wholesale Shoe Warehouse 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
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: Bill E Koonce
Name (Printed or typed)

929 UNIVERSITY BLVD N
Address

JACKSONVILLE FLA 32211
City, State & Zip

904-745-1033
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:

Wholesale Shoe Warehouse, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

929 University Blvd North
Jacksonville FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF
TRANSACTIONING ANY AND ALL LAWFUL BUSINESS

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):

Bill E. Koonce, President
ERIN Koonce - Vice President
8338 Hogan Rd
Jacksonville FL 32216

ARTICLE VI REGISTERED AGENT

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

Bill E. Koonce
8338 Hogan Rd
Jacksonville FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bill E. Koonce
8338 Hogan Rd
Jacksonville FL 32216

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

Bill E. Koonce
Signature/Registered Agent

10-15-03
Date

Bill E. Koonce
Signature/Incorporator

10-15-03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED