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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , ,		
PICK-UP WAIT MAIL		
_		
(Business Entity Name)		
(Business Entry Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

WH 7941



TRANSMITTAL LETTER

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

	•			
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Garry Webb Name (Printed or typed)				
13351 Williams Rd. Address				
	Port St. Lucie	FL, 349	87	
	772 465-5 Daytime	946 Telephone number		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 4, 2004

GARRY WEBB 13351 WILLIAMS ROAD PORT ST LUCIE, FL 34987

SUBJECT: WBR INC.

Ref. Number: W04000004941

We have received your document for WBR INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser Document Specialist New Filings Section

Letter Number: 004A00007633

04 FEB 12 PM # 30

ARTICLE I NAME The name of the companion shall be
The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1335 / Williams Rd. ARTICLE III PURPOSE Port St. Lucia, FL. 34987 The purpose for which the corporation is organized is: QNY + all Lawfull Bussiness
ARTICLE IV SHARES The number of shares of stock is: 20
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s): Constant Darlene Webb Secritary
Garry Webb President Darlene Webb Secritary 13351 Williams Rd. Same
Port St. Lucie, FL. 34987
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Garry Webb 13351 Williams Rd.
Port 3f Lucie = L 34 987 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Garry webb
Parti St. K. X. Sis A. F. S. X. 3. 4. 98. 7.
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
Dang Well 1-23-04
Signature/Registered Agent Date
Dangaret 1-23-04
Signature/Incorporator Date

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)