

P04000140980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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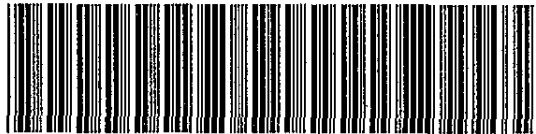
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W04-36857
W04-36016

TRANSMITTAL LETTER

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

SUBJECT: EFR, 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: Joseph L. Spina

Name (Printed or typed)

7350 S. Tamiami Tr. #82

Address

Sarasota Fl. 34231-7000

City, State & Zip

941-232-8034

Daytime Telephone number

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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:

J&G WFR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1310 Industrial Court 7350 S. Tamiami Tr. #82
Sarasota, Fl. 34236 Sarasota, Fl. 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shrs.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joseph L. Spina iii
7350 S. Tamiami Tr. #84
Sarasota, Fl. 34231

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph L. Spina iii
7350 S. Tamiami Tr. #84
Northport, Fl. 34287

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph L. Spina iii
7350 S. Tamiami Tr. #84
Sarasota, Fl. 34231-7000

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

Joseph L. Spina iii
Signature/Registered Agent

10/11/04

Date

Joseph L. Spina iii
Signature/Incorporator

10/11/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA