

P04000160101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

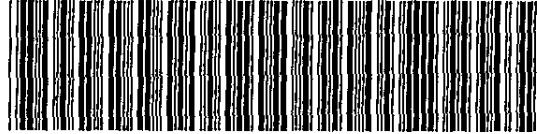
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WCH-
41354

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11/09/04--01051--007 **87.50

FILED
04 NOV 19 AM 10:59
TALLAHASSEE, FLORIDA

11-29-04

TRANSMITTAL LETTER

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

SUBJECT: _____

Wiped-Out 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: _____

Kimberly A. Watson

Name (Printed or typed)

5045 Alderman Rd.

Address

Lakeland FL 33810

City, State & Zip

813 393-8924

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 10, 2004

KIMBERLY A. WATSON
5045 ALDERMAN RD
LAKELAND, FL 33810

SUBJECT: WIPED-OUT INC.
Ref. Number: W04000041354

We have received your document for WIPED-OUT 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 document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

An effective date may be added to the Articles of Incorporation **if a 2005 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 804A00064417

05 OCT 2004 10:50

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ARTICLES OF INCORPORATION

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

FILED
04 NOV 19 AM 10:59
CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Wiped-Out INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5045 Alderman Rd.
Lakeland FL 33810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide an income

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

N/A

ARTICLE VI REGISTERED AGENT

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

Kimberly Watson

5045 ALDERMAN RD.
LAKELAND, FL. 33810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly Watson
5045 Alderman Rd.
Lakeland FL 33810

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

Kimberly Watson
Signature/Registered Agent

11-4-04
Date

Kimberly Watson
Signature/Incorporator

11-4-04
Date