

P05000022336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

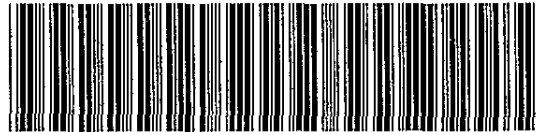
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02-11-05  
B

## TRANSMITTAL LETTER

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

SUBJECT: Winston Holton, 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: Beryl N Stokes, III, CPA

Name (Printed or typed)

1035 W Dixie Ave

Address

Leesburg, FL 34748

City, State & Zip

352-728-0980

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:

Winston Holton, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

996 Grayson Drive  
Orlando, FL. 32806

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in Business for Profit

### 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):

Winston Holton  
996 Grayson Dr  
Orlando, FL 32806

### ARTICLE VI REGISTERED AGENT

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

Beryl N Stokes, III  
1035 W Dixie Ave  
Leesburg, FL 34748

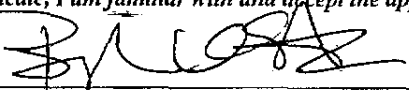
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

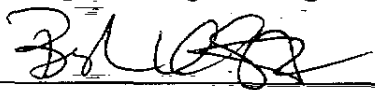
Beryl N Stokes, III  
1035 W Dixie Ave  
Leesburg, FL 34748

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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



Signature/Incorporator

1/27/05  
Date

1/27/05  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA