# 

| (Requestor's Name)                      |                   |          |  |  |
|---|-------------------|----------|--|--|
| , (Address)                             |                   |          |  |  |
| (Address)                               |                   |          |  |  |
| (City.                                  | /State/Zip/Phone# | )        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL     |  |  |
| (Business Entity Name)                  |                   |          |  |  |
| (Document Number)                       |                   |          |  |  |
| Certified Copies                        | Certificates of   | f Status |  |  |
| Special Instructions to Filing Officer: |                   |          |  |  |
|   |                   |          |  |  |
|   |                   |          |  |  |
|   |                   |          |  |  |
|   |                   |          |  |  |





68/16/07--01007--003 \*\*70.00 ...





#### COVER LETTER

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

| PETE WALLY SERVICE, INC.  |  |   |                         |  |                          |  |  |  |  |
|---|--|---|-------------------------|--|--------------------------|--|--|--|--|
| SUBJECT:(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<br>Filing Fee   | \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate of Status |  |                          |  |  |  |  |
| FROM:   | ADAMS ACCOUNTING AND CONSULTING INC.       |   |                         |  |                          |  |  |  |  |
|   | Name (Printed or typed)                    |   |                         |  |                          |  |  |  |  |
| PALM BEACH GARDENS, FLORIDA 33418  City, State & Zip  |  |   |                         |  |                          |  |  |  |  |
|   |  |   |                         |  | 561-626-9096             |  |  |  |  |
|   |  |   |                         |  | 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: PETE WALLY SERVICE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 214 NW 12th STREET

OKEECHOBEE, FLORIDA

34972

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal business.

### ARTICLE IV SHARES

The number of shares of stock is: 100 shares \$ 1.00 par value

# ARTICLE V <u>INITIAL OFFICERS AND/OR DIRECTORS</u>

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

PETER WALLY

214 NW 12th STREET

OKEECHOBEE, FLORIDA

34972

DIRECTOR/PRESIDENT

#### ARTICLE VI REGISTERED AGENT

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

PETER WALLY

214 NW 12th STREET

OKEECHOBEE, FLORIDA 34972 ....

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER WALLY

214 NW 12th STREET

OKEECHOBEE, FLORIDA 34972

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

PETER WALLY

Accept the appointment as registered agent and agree to act in this capacity

Date

PALLY

Signature/Incorporator

PETER WALLY