

P08000011190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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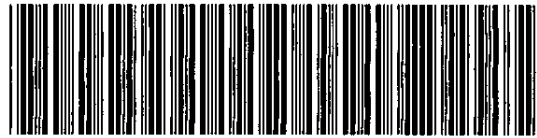
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2008 JAN 29 PM 4:25  
SECRETARY OF STATE  
TALAHASSEE, FLORIDA

T. Burch JAN 30 2008

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

**SUBJECT: WFW SPECIAL SERVICES, 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  
& Certificate of Status

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: Steven Newbold**  
Name (Printed or Typed)

**3540 N.W. 194 Terrace**  
Address

**Miami Florida 33056**  
City, State & Zip

**561-541-4464**  
Daytime Telephone Number

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

FILED  
2008 JAN 29 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**WFW SPECIAL SERVICES, INC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business address is:

**3540 N.W. 195 Terrace  
Miami Gardens, Fl 33056**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Window Installation, Car Wash, Landscaping, Consultant, Etc.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100 Shares**

**ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**

List Name (s), Address (es), and specific title (s):

President	Steven Newbold	3540 NW 195 <sup>th</sup> Terrace, Miami Gardens Fl. 33056
Vice President	Steven Newbold	3540 NW 195 <sup>th</sup> Terrace, Miami Gardens Fl. 33056
Secretary	Tara Judson	3540 NW 195 <sup>th</sup> Terrace, Miami Gardens Fl. 33056
Treasurer	Tara Judson	3540 NW 195 <sup>th</sup> Terrace, Miami Gardens Fl. 33056

**ARTICLE VI REGISTERED AGENT**

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

**Steven Newbold  
3540 NW 195<sup>th</sup> Terrace  
Miami Gardens Fl. 33056**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

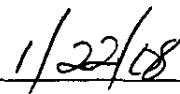
**Steven Newbold  
3540 NW 195<sup>th</sup> Terrace  
Miami Gardens Fl. 33056**

\*\*\*\*\*

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



Date



Signature / Incorporator



Date