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	(Requesto	or's Name)	
	(Address)		
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	(City/State	/Zip/Phone	· #)
PICK-U	· 🗆	WAIT	MAIL MAIL
	(Business	Entity Nam	ne)
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	(Documer	nt Number)	
Certified Copies		Certificates	of Status
Special Instructions	to Filing (Officer:	
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COVER LETTER

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

SUBJECT:	WIEKER RENTAL	S,/NC	TIPE CHEELY
	(FROFOSED CORFOR	ate name – <u>most inc</u> e	20DE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED
FROM:	WILLIAM JAME Name	,	Court
	ORLANDO, Fl.	Address	
	407-256 Daytime	- 6634 Telephone number	
	NOTE: Please provide the o	riginal and one convo	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:		
WICKER RENTALS/INC.		
The principle street address and mailing address, if different is: 10668 CRYSTAL SPAINGS COUNT ORLANDA FL. 32825 ARTICLE III PURPOSE The purpose for which the corporation is organized is: SHORT TERM RENTALS OF AUTOMOSILES,	AND WIRELES	is Connani
ARTICLE IV SHARES The number of shares of stock is: /00		
List name(s), address(es) and specific title(s): WHAT TAMES WICKER PDTS 1868 CRYSTRE SPINES COURT ONLANDO, FL. 32825 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the register WILLIAM JAMES WICKER 1868 CRYSTRE SPINES COURT ORLANDO, FL. 32825 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: WILLIAM TRAES WICKER 1868 CRYSTRE SPINES COURT	SECKETAGE OF STATE TALLAHASSEE, FLORIDA ed agent is:	O8 MAR 28 PM 1: 13
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act in		_
Signature/Incorporator)- 3-08 Date	_