

P08000047631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL


(Business Entity Name)

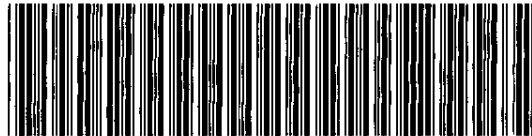
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FILED
2008 MAY 12 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cochrane WB 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: Barbara Cochrane

Name (Printed or typed)

4333 Daubert St

Address

Orlando Florida 32803

City, State & Zip

407-380-9889

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:

Cochrane WB Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4333 Daubert St
Orlando, FL 32803

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara Cochrane 4333 Daubert St Orlando, Florida 32803 President
William Cochrane 4333 Daubert St Orlando, Florida 32803 Vice President

ARTICLE VI REGISTERED AGENT

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

Barbara Cochrane 4333 Daubert St Orlando, Florida 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Cochrane 4333 Daubert St Orlando, Florida 32803

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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

Barbara Cochrane

Signature/Registered Agent

Barbara Cochrane

Signature/Incorporator

5/8/08
Date

5/8/08
Date