# P08000056450

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

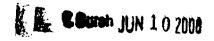




700131038517

06/09/08--01024--009 \*\*87.50





# **COVER LETTER**

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

SUBJECT: West Co	oast Wholesale, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles 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
EDOM: W	ant Const Whalesola Jan	ADDITIONAL CO	PPY REQUIRED
FROM: <u>We</u>	est Coast Wholesale, Inc. Name	(Printed or typed)	
	7091 Pinnacle Dr. #E	Address	·
	Ft. Myers, Fl 33907	State & Zip	
	239-278-1818	elephone 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:

West Coast Wholesale, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

7091 Pinnacle Dr. #E

FT. MYERS, FL 33967

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To be a profitable window fashions wholesale 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):

Teresa Cullen, president James Cullen, vice president Eric Burtoft, secretary/treasurer

ARTICLE VI REGISTERED AGENT

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

Teresa Cullen 3319 NW 5th Terr. Cape Coral, FL 33993

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Teresa CULLEN 3319 NW 5TH Terr. Cape Coral, FL 33993

Haying 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

2000 JUN -9 PH 4: 25
SECRETARY OF STATE
TALLATIASSEE FORDA