

PO8000073382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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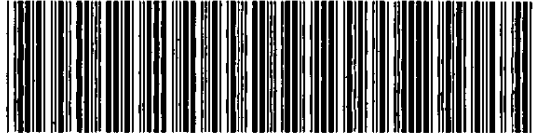
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

TRANSMITTAL LETTER

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

SUBJECT: Wigand Enterprises, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Scott Wigand
Name (Printed or typed)

1417 Sadler Rd. #231

Address

Fernandina Beach, FL 32034

City, State & Zip

(904) 261-0254

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:

Wigand Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1417 Sadler Rd. #231
Fernandina Beach, FL 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in E Commerce Retail.

ARTICLE IV SHARES

The number of shares of stock is:

100 Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Scott Wigand 1417 Sadler Rd. #231; Fernandina Beach, FL 32034

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


Scott Wigand
1417 Sadler Rd. #231
Fernandina Beach, FL 32034

ARTICLE VII INCORPORATOR

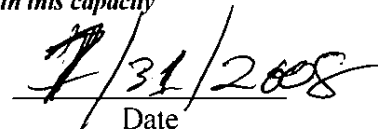
The name and address of the Incorporator is:

Scott Wigand 1417 Sadler Rd. #231; Fernandina Beach, FL 32034


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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA