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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 24 P 3:56

FILED

3-25-09
WC

COVER LETTER

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

SUBJECT: WADE's Work 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: WADE Kollar
Name (Printed or typed)

1569 Foxcraft DRW.
Address

Palm Harbor FL 34683
City, State & Zip

(727) 504-8666
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

WADES WORK INC.

ARTICLE II PRINCIPAL OFFICE

1569-Foxcroft Dr. W.
Palm Harbor Fl., 34683

ARTICLE III PURPOSE

Cleaning and Maintenance

ARTICLE IV SHARES

100

ARTICLE V INITIAL OFFICER AND/OR DIRECTORS

WADE KOLLAR - PRESIDENT

1569-Foxcroft Dr. W.
Palm Harbor Fl., 34683

LEIGHA KOLLAR - VICE PRESIDENT

1569-Foxcroft Dr. W.
Palm Harbor Fl., 34683

ARTICLE VI REGISTERED AGENT

Dr. ROBERT MITCHELL
1130-Pinehurst Rd.
Dunedin, Fl. 34698

ARTICLE VII INCORPORATOR

WADE KOLLAR
1569- Foxcroft Dr. W.
Palm Harbor Fl. 34683

State Florida County Pinellas
This instrument was acknowledged in front of
me on this 20th day of March
by Wade Kollar and Robert Mitchell

Produced ID X
Personally Known _____

.....
Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature]
Signature/Registered agent

3-20-08
Date

Wade Kollar
Signature/Incorporator

3-20-09
Date

