# 209000139202

(Requestor's Name)
(Address)
(Nauress)
(Address)
(City/State/Zip/Phone #)
(Only) older Elph Hone Hy
PICK-UP WAIT MAIL
MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4-11-11-1
-10013000
Office best Only
Silled the Gilly
/ X /
17 4



000147324160

03/30/09--01012--003 \*\*78.75

SECRETARY OF STA



RECEIVED DEPARTMENT OF STATE

09 MAY - 1 PM 2: 41

# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2009

HEIDI WOLFAARDT 100 PIERCE STREET APARTMENT 1206 CLEARWATER, FL 33756

SUBJECT: HW CO. INC.

Ref. Number: W09000015062

We have received your document for HW CO. INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 409A00010839

# **COVER LETTER**

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

SUBJECT: HWZ In	c (PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	rinal 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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: <u>HE</u>	EIDI WOLFAARDT Name (	(Printed or typed)	
	100 PIERCE STREET, APARTM	ENT 1206 Address	
	CLEARWATER, FLORIDA, 33756		<del></del>
	727-7723320	elephone number	
	Daytine 1	erepriorie 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:

**HWZ** Inc

# ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 100 PIERCE STREET APARTMENT 1206, CLEARWATER, FLORIDA,33756

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NUTRITIONAL SELLING

# ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
HEIDI WOLFAARDT,100 PIERCE STREET APARTMENT 1206,CLEARWATER, FLORIDA, 33756

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: HEIDI WOLFAARDT, 100 PIERCE STREET APARTMENT 1206, CLEARWATER, FLORIDA, 33756

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: HEIDI WOLFAARDT,100 PIERCE STREET APARTMENT 1206,CLEARWATER, FLORIDA, 33756

***************	*********
Having been named as registered agent to accept service of process for the ab- certificate, I am familiar with and accept the appointment as registered agent and	
fw-erle	27 APRIL 2009
Signature/Registered Agent	Date
Julle	27 APRIL 2009
Signature/Incorporator	Date