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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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SECRETARY OF STATE
ALLAHASSEE, FLORIO.

Ef 9/8/09

COVER LETTER

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

SUBJECT:	WK (PROPOSED CORPOR)	HOLLAND INC ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	La 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 CO	PY REQUIRED	
FROM:	WALTER KIEL			
	Nam	e (Printed or typed)		
	900 RIVER R	EACH DR STE #423		
		Address		
	FORT LAUDERDALE, FL. 33315			
	City, State & Zip			
	95 <i>4</i>	- 439-2994		
*, ,,,,		Celephone number		
	WKIEL 88@ Ad	ol.com		
		d for future annual report i	notification)	

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:

WK HOLLAND INC

OSEP -3 PHIZ: 18

ARTICLE II PRINCIPAL OFFICE

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

WALTER KIEL

900 RIVER REACH DR STE #423

FORT LAUDERDALE, FL. 33315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE CORPORTION LAW OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1,000 COMMON SHARES @ \$1.00 A SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WALTER KIEL PRESIDENT

900 RIVER REACH DR STE 423

FORT LAUDERDALE, FL. 33315

ARTICLE VI REGISTERED AGENT

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

WALTER KIEL

900 RIVER REACH DR STE #423

FORT LAUDERDALE, FL. 33315

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WALTER KIEL

900 RIVER REACH DR STE #423

FORT LAUDERDALE, FL. 33315

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

Signature/Incorporator

8/31/09 Date

8/31/09

Date

COVER LETTER

Copy

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

SUBJECT:	WK H (PROPOSED CORPOR)	OLLAND INC (te name – <u>Must incl</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:	
S70.00 Filing Fee	S78,75 Filling Fee & Certificate of Status	S78.75 Filing Fee & Cortified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:		LTER KIEL e (Printed or typed)		
	900 RIVER REACH DR # 423			
	FORT LAUDERDALE, FL. 33315			
	City, State & Zip			
	954-439-2994 Daytine Telephone number			
	WKIEL 886			
	E-mail address: (to be use	d for future annual report i	notification)	

NOTE: Please provide the original and one copy of the articles.