

P 18888 043980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500179955105

05/20/10--01016--008 \*\*78.75

FILED  
2010 MAY 20 P 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-18-5  
22

**COVER LETTER**

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

SUBJECT: Wing City of Tampa, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

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

FROM: Wing City of Tampa, Inc.  
Name (Printed or typed)

4990 East Busch Blvd.  
Address

Tampa FL 33617  
City, State & Zip

813-458-1438  
Daytime Telephone number

e/latino1million@yahoo.com  
E-mail address: (to be used for future annual report 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)

**FILED**  
2010 MAY 20 P 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Wing City of Tampa, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

4990 E. Busch Blvd.  
Tampa, Fl. 33617

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any & All Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is:

1 share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

PD - Javier Rodriguez  
4990 E. Busch Blvd.  
Tampa, Fl. 33617

**ARTICLE VI REGISTERED AGENT**

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

Javier Rodriguez  
4990 E. Busch Blvd.  
Tampa, Fl. 33617

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Javier Rodriguez  
4990 E Busch Blvd.  
Tampa, Fl. 33617

\*\*\*\*\*  
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

Javier Rodriguez  
Signature/Registered Agent

5-7-10

Date

Javier Rodriguez  
Signature/Incorporator

5-7-10

Date