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(Requestor's Name)

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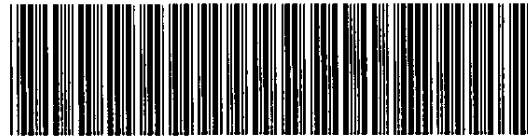
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 DEC -2 PM 5:20

APPROVED  
AND  
FILED

W

## COVER LETTER

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

**SUBJECT: WINSTON CREEK AUTO AUCTION, 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: MICHAEL WIENER  
Name (Printed or typed)

P.O. BOX 7340  
Address

LAKELAND, FLORIDA 33807-7340  
City, State & Zip

863-607-9100  
Daytime Telephone number

michael@aerialrigging.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)

**ARTICLE I NAME**

The name of the corporation shall be: **WINSTON CREEK AUTO AUCTION, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**4175 S PIPKIN RD-SUITE 107**  
**LAKELAND, FL 33811**

Mailing address, if different is:  
**P.O. BOX 7340**  
**LAKELAND, FL 33807-7340**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**TO CONDUCT ANY AND ALL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **ONE HUNDRED (100) COMMON SHARES**

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

Name and Title: **MICHAEL WIENER - PRES & DIRECTOR**  
Address: **PO BOX 7340**  
**LAKELAND FL 33807**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: **LARRY SLIVINSKI - VP & DIRECTOR**  
Address: **PO BOX 7340**  
**LAKELAND FL 33807**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **MICHAEL WIENER**  
Address: **4175 S PIPKIN RD - SUITE 107**  
**LAKELAND FL 33811**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **MICHAEL WIENER**  
Address: **4175 S PIPKIN RD - SUITE 107**  
**LAKELAND FL 33811**

*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*

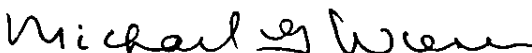


Required Signature/Registered Agent

**11/29/2010**

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

**11/29/2010**

Date

10 DEC -2 PM 4:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA