

P/100000009/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

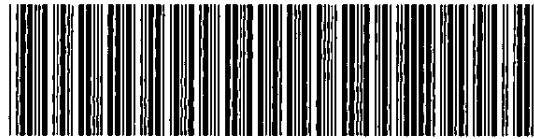
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/06/11--01001--008 \*\*78.75

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11 JAN -5 PM 3:11

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 JAN -5 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: WZ Equipment, 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: Mary E. O'Neal  
Name (Printed or typed)

9173 Old Chemonie Road  
Address

Tallahassee, Florida 32309  
City, State & Zip

850-228-4181  
Daytime Telephone number

mike@wzequipment.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: **WZ Equipment, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1929 Buford Blvd.  
Tallahassee, FL 32308

**FILED**  
**11 JAN - 5 PM 3:20**  
Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Product Sales and Manufacturing**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: <u>Mary E. O'Neal, President</u>	Name and Title: _____
Address: <u>9173 Old Chemonie Rd</u>	Address: _____
<u>Tallahassee, FL 32309</u>	_____
_____	_____

Name and Title: <u>Michael W. O'Neal, Vice President</u>	Name and Title: _____
Address: <u>9173 Old Chemonie Rd</u>	Address: _____
<u>Tallahassee, FL 32309</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Michael W. O'Neal  
Address: 9173 Old Chemonie Rd  
Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mary E. O'Neal  
Address: 9173 Old Chemonie Rd  
Tallahassee, FL 32309

*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

1/5/2011  
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

1/5/2011  
Date