

P/100000/37/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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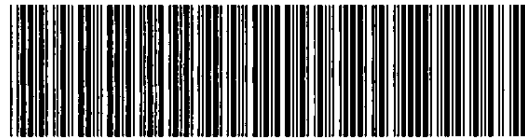
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB -4 PM 2:45

APPROVED
AND
FILED

UN

COVER LETTER

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

SUBJECT: WINDS HOME 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: NAIGEL LEWIS
Name (Printed or typed)

855 W. JASMINE DR
Address

LAKE PARK FL 33403
City, State & Zip

561-856-3883
Daytime Telephone number

WINDS.NAIGELC@Yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2011

NAIGEL LEWIS
855 W. JASMINE DR
LAKE PARK, FL 33403

SUBJECT: WINDS HOME INC
Ref. Number: W11000004804

We have received your document for WINDS HOME INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the Corporation in Article I.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 611A00002165

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

11 FEB -4 PM 2:45

ARTICLE I NAME

The name of the corporation shall be: WIND HOME INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
855 WEST JASMIN DR
LAKE PARK
FLORIDA 33403

Mailing address ~~SECRETARY OF STATE~~
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To House the mentally ill & Mentally disabled, the Homeless Seniors and difficult to treat young pregnant teenagers.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Naigel Lewis
Address: 855 JASMIN DR
LAKE PARK, 33403
FLORIDA, DIRECTOR

Name and Title: William Lewis Vice Presid
Address: 4307 North Australian Av
West Palm Beach
FLORIDA 33407

Name and Title: Nargeline Lewis
Address: 4307 North Australian
Ave.
West Palm Beach FL 33407

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: Naigel Lewis
Address: 855 JASMIN DR
LAKE PARK 33403

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vivilyn Dunn
Address: 142 Valencia ST
Royal Palm

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]
Required Signature/Registered Agent

1/13/10
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.

[Signature]
Required Signature/Incorporator
VIVILYN DUNN
Required Signature/Incorporator

1/13/10
Date
1/13/10
Date