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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: WARING BUSINESS PROPERTIES, 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: LARRY SLIVINSKI

Name (Printed or typed)

P.O. BOX 6438

Address

LAKELAND, FLORIDA 33807-6438

City, State & Zip

863-607-9100

Daytime Telephone number

lslivinski@gmail.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: **WARING BUSINESS PROPERTIES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2940 DRANE FIELD ROAD
LAKELAND, FLORIDA 33811

Mailing address, if different is:
P.O. BOX 6438
LAKELAND, FLORIDA 33807-6438

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: **ONE HUNDRED (100) COMMON SHARES NO PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LARRY SLIVINSKI - DIRECTOR**
Address: **P.O. BOX 6438**
LAKELAND, FL 33807-6438

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: **LARRY SLIVINSKI**
Address: **4471 HIDDEN PINE CT**
MULBERRY, FL 33860

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **LARRY SLIVINSKI**
Address: **4471 HIDDEN PINE CT**
MULBERRY, FL 33860

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

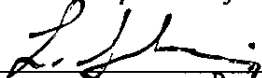


Required Signature/Registered Agent

02/11/2011

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

02/11/2011

Date

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