

PI1000033624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entry Name)

(Document Number)

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2011 APR -5 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
4-6-11

**COVER LETTER**

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

**SUBJECT:** WM Home Creations 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:** Any Aguilar  
Name (Printed or typed)

5142 Deckard ave  
Address

North Port, Fl. 34288  
City, State & Zip

941 623-8750  
Daytime Telephone number

wmhomecreations@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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**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: wm home creations inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5142 deckard ave  
north port fl. 34288

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
new business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: any aguilar president  
Address: 5142 deckard ave  
north port fl. 34288

Name and Title: werner mendia treasury  
Address: 5142 deckard ave  
north port fl. 34288

Name and Title: joao batista silva sect  
Address: 5142 deckard ave  
north port fl. 34288

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: any aguilar  
Address: 5142 deckard ave  
north port fl. 34288

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: any aguilar  
Address: 5142 deckard ave  
north port fl. 34288

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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

4/01/2011  
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.

[Signature]  
Required Signature/Incorporator

4/01/2011  
Date