

P11000042958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

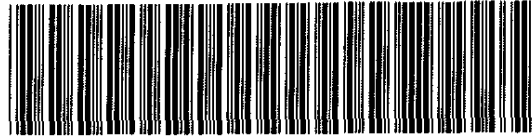
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000205228190

05/05/11--01001--017 \*\*70.00

RECEIVED  
11 MAY -4 PM 4:17  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 MAY -4 PM 4:32  
SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

MRD  
5/4

## COVER LETTER

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

SUBJECT: Wilkenson Painting and Landscaping  
(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: Mark J Wilkenson  
Name (Printed or typed)

2924 Milwaukee Rd Apt 65  
Address

Tallahassee FL 32308  
City, State & Zip

850-510-3352  
Daytime Telephone number

Pastor MJW at BellSouth.net  
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: Willkenson Painting + Land Scaping Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Apt. 2924 Miccoosakee  
1-6 32308  
Tallahassee, FL

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and ALL Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: MARK Willkenson

Address: 2924 Miccoosakee Rd  
32308 Apt 66  
Tallahassee FL

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: Mark Willkenson

Address: 2924 Miccoosakee Rd Apt 66  
Ta FL 32308  
Tallahassee

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark Willkenson

Address: 2924 Miccoosakee Rd Apt 66  
Tallahassee FL 32308

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

Mark Willkenson

Required Signature/Registered Agent

5-4-2011

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.

Mark Willkenson

Required Signature/Incorporator

5-4-2011

Date

FILED  
11 MAY - 4 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA