

P1100005599

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H11000143706 3)))



H110001437063ABCX

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : ACCOUNTING REVENUE SERVICE, INC.  
Account Number : 120110000C41  
Phone : (305) 887-8730  
Fax Number : (305) 887-0744

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: TAXES.ARS@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
WGA APPLIANCE INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUN 14 AM 9:05

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AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

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

SUBJECT: WGA APPLIANCE 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: WOLFANG GONZALEZ  
Name (Printed or typed)

4955 NW 199 ST , APT 272  
Address

MIAMI FL 33055  
City, State & Zip

786-797-4056  
Daytime Telephone number

taxes.ars@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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JUNE 1<sup>st</sup> 2011

To whom it makes concern

Please be advised that the owners of the corporation WGA APPLIANCE,  
INC. with the document number P09000069086  
are the same as those who are opening this new corporation with the same name.  
Thank you.

Sincerely



WOLFGANG GONZALEZ

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

11 JUN 14 AM 9:05

**ARTICLE I NAME** WGA APPLIANCE, INC.

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4955 NW 199 ST, APT 272  
MIAMI FL 33055

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES

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

Name and Title: WOLFANG GONZALEZ / PD  
Address: 4955 NW 199 ST, APT 272  
MIAMI FL 33055

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:

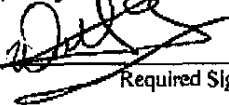
Name: WOLFANG GONZALEZ  
Address: 4955 NW 199 ST, APT 272  
MIAMI FL 33055

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WOLFANG GONZALEZ  
Address: 4955 NW 199 ST, APT 272  
MIAMI FL 33055

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

06/01/2011

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.



Required Signature/Incorporator

06/01/2011

Date

((H110001437063))