

711000069074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

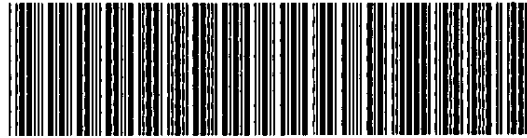
(Business Entity Name)

(Document Number)

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

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2PM AUG -1 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 02, 2011

## COVER LETTER

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

**SUBJECT:** Wish U Were Here, 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:** Michele Hylton

Name (Printed or typed)

1575 Grace Avenue

Address

Fort Myers, FL 33901

City, State & Zip

239-634-6835

Daytime Telephone number

michele@wuwh.com

E-mail address: (to be used for future annual report notification)

2001 AUG - 1 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

FILED

**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** Wish U Were Here, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1575 Grace Avenue  
Fort Myers, FL 33901

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
A retail business.

**ARTICLE IV SHARES** 100,000

The number of shares of stock is:

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

Name and Title: Michele E. Hylton, President  
Address: 1575 Grace Avenue  
Fort Myers, FL 33901

Name and Title: Curtis T. Terry, Vice President  
Address: 1575 Grace Avenue  
Fort Myers, FL 33901

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: Michele E. Hylton  
Address: 1575 Grace Avenue  
Fort Myers, FL 33901

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michele E. Hylton  
Address: 1575 Grace Ave  
Fort Myers, FL 33901

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

*Michele E. Hylton*  
Required Signature/Registered Agent

7/29/11

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.

*Michele E. Hylton*  
Required Signature/Incorporator

7/29/11

Date

FILED  
29th AUG - 1 AM 9:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE