

P11000072058

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
7-8-11 W110000036342

FROM: ~~XXXX~~

FAX NO. :2395143988

May. 04 2011 02:15PM P1

COVER LETTER

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

SUBJECT: WISTERIA, 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: MICHAEL J WALSH

Name (Printed or typed)

23806 SANCTUARY LAKES CT

Address

BONITA SPRINGS FL 34134

City, State & Zip

1-239-287-7880

Daytime Telephone number

SANDRALWALSH@YAHOO.COM ✓

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



RECEIVED

11 AUG 10 PM 12:05

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 8, 2011

MICHAEL J WALSH
23806 SANCTUARY LAKES CT
BONITA SPRINGS, FL 34134

SUBJECT: WISTERIA, INC.
Ref. Number: W11000036342

We have received your document for WISTERIA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 611A00016361

*Thank you
for your
help. mhu*

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:

~~WISTERIA, INC~~*Wisteria Interiors, Inc.***ARTICLE II PRINCIPAL OFFICE**

Principal street address

23806 SANCTUARY LAKES CT
BONITA SPRINGS FLORIDA 34134

Mailing address, if different is:

23806 SANCTUARY LAKES CT
BONITA SPRINGS FL 34134**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

(A) BUY, SELL, AND OR TRADE VARIOUS PRODUCTS AND FURNISH SERVICES AS REQUIRED BY AND FOR VARIOUS CLIENTS AND CUSTOMERS, ALLOWED BY THE LAWS OF FLORIDA.

(B) TO ESTABLISH AND MAINTAIN OFFICES FOR ANY AND ALL OPERATIONS OF THIS CORPORATION

(C) TO TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH THIS CORPORATION MAY BE ALLOWED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MICHAEL J. WALSHAddress: 23806 SANCTUARY LAKES CT
BONITA SPRINGS, FL 34134Name and Title: SANDRA L WALSHAddress: 23806 SANCTUARY LAKES CT
BONITA SPRINGS, FL 34134

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: MICHAEL J. WALSHAddress: 23806 SANCTUARY LAKES CT
BONITA SPRINGS, FL 34134**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: MICHAEL J. WALSHAddress: 23806 SANCTUARY LAKES CT
BONITA SPRINGS, FL 34134

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

Michael Walsh

Required Signature/Registered Agent

7/5/2011

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.

Michael Walsh

Required Signature/Incorporator

7/5/2011

Date

*Please contact me if there are any questions. 239-287-7880*FILED
11 AUG 10 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA