

P11000098752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

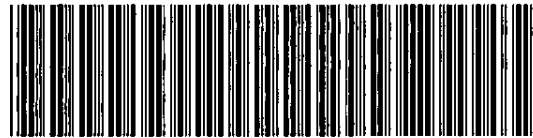
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2011 NOV 14 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 16 2011

COVER LETTER

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

SUBJECT: Simulacra 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: Donald Wehagen III

Name (Printed or typed)

505 SW 2nd Ave Apt# 2202

Address

Gainesville, FL 32601

City, State & Zip

941-408-4246

Daytime Telephone number

dwehagen5456@gmail.com

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:

Simulacra Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
555 SW 2nd Ave
Gainesville, FL 32601

Mailing address, if different is:
505 SW 2nd Ave Apt# 2202
Gainesville, FL 32601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**To conduct research in
institutional interests.**

ARTICLE IV SHARES

The number of shares of stock is: **100000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Julius D'Souza, CEO**
Address: **39030102 Keys Complex
Gainesville, FL 32612**

Name and Title: **Donald Wehagen III, COO**
Address: **505 SW 2nd Ave Apt# 2202
Gainesville, FL 32601**

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: **Donald Wehagen III**
Address: **505 SW 2nd Ave Apt# 2202
Gainesville, FL 32601**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Donald Wehagen III**
Address: **505 SW 2nd Ave Apt# 2202
Gainesville, FL 32601**

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

Donald Wehagen III
Required Signature/Registered Agent

11/6/2011
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.

Donald Wehagen III
Required Signature/Incorporator

11/6/2011
Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32399