

P120000029237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

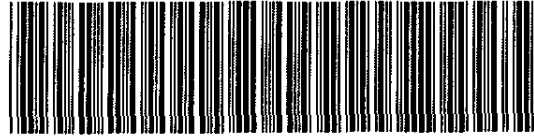
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/12--01048--004 **87.50

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12 MAR 26 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WILDESTORME 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MARNI TICE

Name (Printed or typed)

12322 ST SIMON DRIVE

Address

BOCA RATON, FL 33428

City, State & Zip

561-929-1145

Daytime Telephone number

AMERISCOPES@AOL.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 WILDESTORME INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
12322 ST SIMON DRIVE
BOCA RATON, FL
33428

Mailing address, if different is: SECRETARY OF STATE
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MARNI TICE	Name and Title:	
Address:	12322 ST SIMON DRIVE	Address:	
	BOCA RATON, FL		
	33428		

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARNI TICE
Address: 12322 ST SIMON DRIVE
BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARNI TICE
Address: 12322 ST SIMON DRIVE
BOCA RATON, FL 33428

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

1 Marni Tice
Required Signature/Registered Agent

3.22.12
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.

1 Marni Tice
Required Signature/Incorporator

3.22.12
Date