

P12000054098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

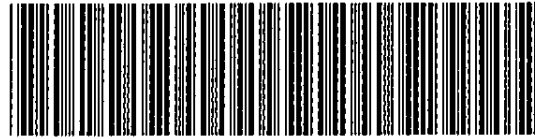
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/12--01002--003 **70.00

RECEIVED
DEPARTMENT OF STATE
12 JUN 15 AM 10:09

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUN 15 AM 10:34

π 06/15/12

COVER LETTER

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

SUBJECT: 604th 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: Curt McKay
Name (Printed or typed)

8117 N 13th Street
Address

Tampa, FL 33604
City, State & Zip

813 849 0563
Daytime Telephone number

info@novousvitae.org @novousvitae.org
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:

W4th, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

8117 N 15th Street
Tampa, FL 33604

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit promotional products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Curt McKay / President / Secretary

Address: 9871 Timmons Rd
Thonotosassa, FL 33592

Name and Title:

Address:

Name and Title: Estelle McKay / Vice President

Address: Treasurer
9871 Timmons Rd
Thonotosassa, FL 33592

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: Curt McKay

Address: 9871 Timmons Rd
Thonotosassa, FL 33592

ARTICLE VII INCORPORATOR

The ~~name and address~~ of the Incorporator is:

Name: Curt & Estelle McKay

Address: 9871 Timmons Rd
Thonotosassa, FL 33592

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

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

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/15/2012

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