

P12000056081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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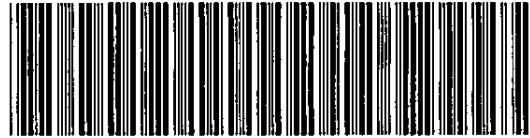
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 20 PM 1:49

6/21/12

COVER LETTER

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

SUBJECT: Resilience Engineering Management 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: Wesley Witt

Name (Printed or typed)

3894 Percival RD

Address

Orlando, FL 32826

City, State & Zip

859-983-4584

Daytime Telephone number

wittwesley@yahoo.com

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

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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: **Resilience Engineering Management Inc.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address
3894 Percival RD
Orlando, FL 32826

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Safety and Quality Management Consulting

ARTICLE IV SHARES

The number of shares of stock is: **1,000,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wesley Witt President	Name and Title: _____
Address: 3894 Percival Rd	Address: _____
Orlando, FL 32826	_____
_____	_____
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: **Wesley Witt**
Address: **3894 Percival Rd**
Orlando, FL 32826

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Wesley Witt**
Address: **3894 Percival Rd**
Orlando, FL 32826

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

6-17-12
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.


Required Signature/Incorporator

6-17-12
Date