

P12000056829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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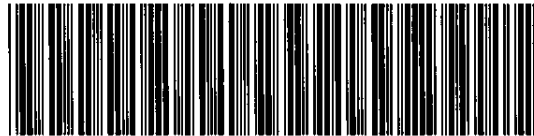
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. Burch JUN 25 2012

COVER LETTER

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

SUBJECT: Weetompain, 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: Douglas E Thornton
Name (Printed or typed)
750 Lupine Lane
Address
Tallahassee FL 32308
City, State & Zip
850-345-8938
Daytime Telephone number
Weetompain@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:

Weefompain, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

750 Lupine Lane
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct lawful business, for profit
in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

25

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas E Thornton, Pres Name and Title:

Address: 750 Lupine Lane Address:

Tallahassee, FL
32308

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL 32304

ARTICLE VI REGISTERED AGENT

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

Name:

Address:

Douglas E Thornton
750 Lupine Ln
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Douglas E Thornton
750 Lupine Lane
Tallahassee, FL 32308

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

6/25/12

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

6/25/12