

PI2000062067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

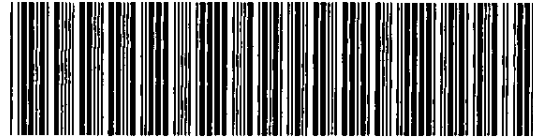
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500237391005

07/13/12--01018--014 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUL 13 PM 12:49

FILED

1/4

## COVER LETTER

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

**SUBJECT:** David W. Whedbee, 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:** David W. Whedbee, Inc.

Name (Printed or typed)

3207 Angelica Street

Address

Cocoa, FL 32926

City, State & Zip

321-403-3289

Daytime Telephone number

kranda@cfl.rr.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)

**FILED**

**ARTICLE I NAME**

David W. Whedbee, Inc.  
The name of the corporation shall be:

12 JUL 13 PM 12:49

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3207 Angelica Street  
Cocoa, FL 32926

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Roofing Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David W. Whedbee - PD  
Address: 3207 Angelica Street  
Cocoa, FL 32926

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: David W. Whedbee  
Address: 3207 Angelica Street  
Cocoa, FL 32926

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David W. Whedbee  
Address: 3207 Angelica Street  
Cocoa, FL 32926

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

X David W. Whedbee

Required Signature/Registered Agent

7/1/2012

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.

X David W. Whedbee

Required Signature/Incorporator

7/1/2012

Date