## P13000014711

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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## **COVER LETTER**

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

incorporation and a che	eck for:
\$78.75 Ing Fee Fice Certified Copy &	\$87.50 illing Fee, ertified Copy Certificate of tatus
DITIONAL COPY F	REQUIRED
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ROM: EDDIF JORDAP HERRINGON JR

Name (Printed or typed)

MAURING

324 Thrasher Plant Cry 12 33560

Address

Plant City, State & Zip

City, State & Zip

Daytime Telephone number

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 NA The name of the corpor	ME ation shall be: WICK	DIARPOH	INC
ARTICLE II PR	INCIPAL OFFICE Principal street address RASHER RO		Mailing address, if different is:
PLANTC	CITY FL 33	<u> </u>	
ARTICLE III PUT The purpose for which		ANY AND	ALL LAWFUL
	Busiress		<u> </u>
			BASS TO
			<u>5ri 9</u>
The number of shares of ARTICLE V IN Name and Tit Address	ITIAL OFFICERS AND/OR DI	IRECTORS  CREATER FAIR AND THE	/JR, - PRESI
	KD PLANT 6	0	
Name and Titl	e Araela K	RUTI PARE DI Titl	VICE PRESIDENT
Address	324 TARAS	Sher B D Address:	
	PLANT CIT	466	
Name and Titl	e:	Name and Titl	e:
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	Cascantable) of the registered agent in
Address: 324Thansher  Plant City	ERRITATION JR F1-33566
ARTICLE VII INCORPORATOR	는
The <u>name and address</u> of the Incorporator is:	
Name: KANGELAK	KUTLAYD TO TO
Address: 324 ThBA	Sher RD
PLANT CITY	1 FL 33546
	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity,
ESS: Henrigton 1	2/2/13
Required Registe	ered Agent / Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a thin	ted herein are true. I am aware that the false information submitted in a rd degree feiony as provided for in s.817.155, F.S.
Angela Required Signature/Incol	$\frac{2}{\text{porator}}$
<b>~</b>	•