

P13000016792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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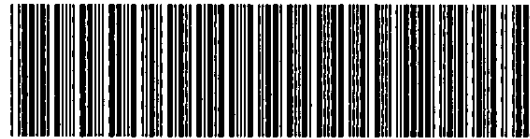
(Business Entity Name)

(Document Number)

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

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13 FEB 19 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED FEB 20 2013

## COVER LETTER

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

SUBJECT: **WB Custom, 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: **Wayne Bergquist**

Name (Printed or typed)

**5760 Shirley St., #21**

Address

**Naples, FL 34109**

City, State & Zip

**239-595-1268**

Daytime Telephone number

**kltb428@aol.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: WB Custom, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5760 Shirley St., #21

Naples, FL 34109

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

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**ARTICLE IV SHARES**

The number of shares of stock is: 20

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

Name and Title: Wayne Bergquist, Pres.

Name and Title: Kathryn Bergquist, VP

Address 682 95th Ave. N.

Address: 682 95th Ave. N.

Naples, FL 34108

Naples, FL 34108

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Kathryn Bergquist  
Address: 682 95th Ave. N.  
Naples, FL 34108

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wayne Bergquist  
Address: 682 95th Ave. N.  
Naples, FL 34108

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*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*

Kathryn Bergquist

Required Signature/Registered Agent

2/14/13

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.*

Wayne Bergquist

Required Signature/Incorporator

2/14/13

Date