## P13000028356

·(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARING SECURITIONS
ALL ADVISED SECURITIONS

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## **COVER LETTER**

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

nclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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: L	eslie Ann Whiting	(Printed or typed)	
	Name Namyrlte V	e (Printed or typed)  Vay	
	Name Namyrlte V	e (Printed or typed)	
58	Name Namyrlte V	Vay Address	······································
58	Name 330 Waxmyrlte V aples, FL 34109	Vay Address	
58 N	Name 330 Waxmyrlte V aples, FL 34109	Vay Address	
58 N	Name 330 Waxmyrlte V aples, FL 34109 City, 39-293-8037	Vay Address	

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 of the corpora	tion shall be: LAWhiting, Inc.		
	<b>NCIPAL OFFICE</b> Principal <b>street</b> address		Mailing address, if different is:
Naples, FL 3			
	he corporation is organized is:		
resales and a	ny other legitimate means	to further :	such business.
			SE 33
			FIL MAR 27 CRE LAS N LAHESS
			75 R U
			H: 05
The number of shares of	RES Stock is: 10 shares		
RTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR		
Name and Title	Leslie Ann Whiting, Pres	Name and Title	David P. Whiting, VP
Address	5830 Waxmyrtle Way	_ Address:	5830 Waxmyrlte Way
	Naples, FL 34109	-	Naples, FL 34109
Noma and Title	Leslie Ann Whiting, Tres	Nome and Title	David P. Whiting, Sec
Address	5920 Mayourlto May	_ Name and True. Address:	5830 Waxmyrtle Way
Address	Naples, FL 34109	_ Address:	Naples, FL 34109
		-	
Name and Title:		Name and Title:	
Address		Address:	
		-	
		_	

Name an	d Title:	Name and Title:	-
Address		Address:	-
			-
			-
ARTICLE VI	REGISTERED AGENT	-0.1	
Name:	lorida street address (P.O. Box NOT acceptable) o Leslie Ann Whiting	or the registered agent is:	
Address:	5830 Waxmyrlte Way	FILL GRETAS LLATASS	
	Naples, FL 34109	R 27 PF	
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:	5 <b> </b>	
Name:	Leslie Ann Whiting	_	
Address:	5830 Waxmyrlte Way		
	Naples, FL 34109		
	ned as registered agent to accept service of process am familiar with and accept the appointment is ref	ss for the above stated corporation at the place designated egistered agent and agree to act in this capacity	in
I submit this doc	Required Signature/Registered Agent	Dylc true. I am aware that the false information submitted in	
	ument and affirm that the facts stated herein are Penartment of State constitutes a third degree felor		и
V	MALE	3/21/13	
	Required Signature/Incorporator	Date	•