

P13000055698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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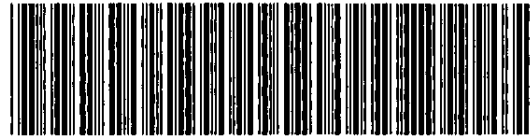
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/13--01015--006 **157.50

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13 JUN 27 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-33071

COVER LETTER

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

SUBJECT: Widget Wizards 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Charles A. Mueller
 Name (Printed or typed)

P.O. Box 362
 Address

Deleon Springs, FL. 32130
 City, State & Zip

386-804-0115
 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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2013

CHARLES A MUELLER
PO BOX 362
DELON SPRINGS, FL 32130

SUBJECT: WIDGET WIZARDS INC.
Ref. Number: W13000033071

We have received your document for WIDGET WIZARDS INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 313A00014322

TO: Florida Dept of State
Division of Corporation

This letter of intent is official notification
of the dissolution of Widget Wizards Inc.

I hereby release the name of Widget Wizards, Inc.

Sincerely,
Charles Mueller
Charles Mueller

5/28/13

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: Widget Wizards Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address1080 S. Amelia Ave.
DeLand, FL.
32724

Mailing address, if different is:

P.O. Box 362
DeLeon Springs, FL.
32130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To operate as a legal business in the
State of FloridaFILED
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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Charles Mueller - President</u>	Name and Title:	<u>Mary Mueller Vice-President</u>
Address	<u>P.O. Box 362</u>	Address:	<u>P.O. Box 362</u>
	<u>DeLeon Springs, FL</u>		<u>DeLeon Springs, FL.</u>
	<u>32130</u>		<u>32130</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Charles Mueller
Address: ~~P.O. Box 362~~ 7381 Nixon Dr.
~~DeLeon Springs, FL 32130~~ Deland, FL 32724

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Charles Mueller
Address: P.O. Box 362
DeLeon Springs, FL 32130

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TALLAHASSEE, FLORIDA

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:

Charles A. Mueller
Required Signature/Registered Agent

5/29/13
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.

Charles A. Mueller
Required Signature/Incorporator

5/29/13
Date