

P13000056117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

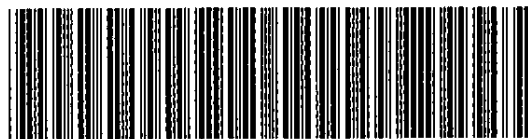
(Business Entity Name)

(Document Number)

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

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CMD 7/3

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Wyatt Arangilan 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: \_\_\_\_\_

Wyatt Arangilan  
Name (Printed or typed)

9397 Malachi Lane  
Address

Tallahassee FL 32317  
City, State & Zip

(850) 345-1440  
Daytime Telephone number

Pickupthattrash@gmail.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: Wyatt Arangilan inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9397 Malachi Lane  
Tallahassee FL 32317

Mailing address, if different is:

9397 Malachi Lane  
Tallahassee FL 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To install hardwood  
Flooring.

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TALLAHASSEE FLORIDA

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Wyatt Arangilan President

Address: 9397 Malachi Address: \_\_\_\_\_

Lane  
Tallahassee FL 32317

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

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

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

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

(cont)

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: Wyatt Arangilan  
Address: 9397 Malachi Lane  
Tallahassee FL 32317

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wyatt Arangilan  
Address: 9397 Malachi Lane  
Tallahassee FL 32317

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

Wyatt Arangilan  
Required Signature/Registered Agent

7/3/13  
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.

Wyatt Arangilan  
Required Signature/Incorporator

7/3/13  
Date