

P130000060243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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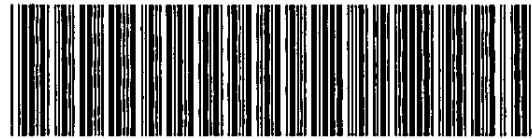
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 16 AM 11:14

SL 7-19-13

COVER LETTER

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

SUBJECT: Wiley, Wilson, and Winthorpe, 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: Dr. Wiley Graydon

Name (Printed or typed)

1035 Primera Blvd, Ste 1041

Address

Lake Mary, Florida 32746

City, State & Zip

407-792-4405

Daytime Telephone number

wileywilsonwinthorpe@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Wiley, Wilson, and Winthorpe, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1035 Primera Blvd, Ste 1041

Lake Mary, Florida 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Freight Broker services to shippers, carriers, and consignees
domestically and internationally in accord with DOT and FMCA rules and regulations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Wiley Graydon, IV/ President

Address: 1035 Primera Blvd, Ste 1041
Lake Mary, Florida 32746

Name and Title: Wiley Graydon, VI/ Vice President

Address: 1035 Primera Blvd, Ste 1041
Lake Mary, Florida 32746

Name and Title: Wilsonja Graydon/Secretary

Address: 1035 Primera Blvd, Ste 1041
Lake Mary, Florida 32746

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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:

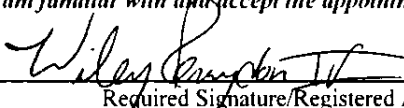
Name: Dr. Wiley Graydon, IV
Address: 1035 Primera Blvd, Ste 1041
Lake Mary, Florida 32746

ARTICLE VII INCORPORATOR

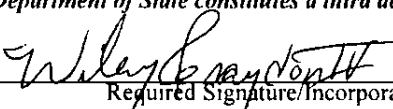
The **name and address** of the Incorporator is:

Name: Dr. Wiley Graydon, IV
Address: 1035 Primera Blvd, Ste 1041
Lake Mary, Florida 32746

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

 7/8/2013
Required Signature/Registered Agent 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.

 7/8/2013
Required Signature/Incorporator Date