

P13000065426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

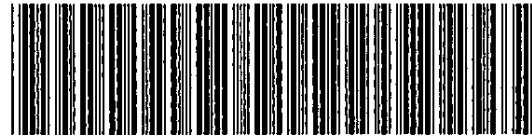
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. THE UNITED STATES OF AMERICA

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SECRETARY OF STATE

TALLAHASSEE FL 07MOA

VA

COVER LETTER

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

SUBJECT: WYOMING GUNS AND HUNTING SUPPLIES, 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: GLENN R. LUISI
Name (Printed or typed)
690 LANGTREE ROAD
Address
MOORESVILLE, NC 28117
City, State & Zip
704-895-0626
Daytime Telephone number
castalineine@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: WYOMING GUNS AND HUNTING SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7659 WEST GLENDALE CT.

DUNNELLON, FL 34433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation may transact any and all
lawful business for which corporations may be incorporated under the
Laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAY CASTALINE

Name and Title: _____

Address 7659 WEST GLENDALE CT.

Address: _____

DUNNELLON, FL 34433

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jay Castaline
Address: 7659 West Glendale Ct.
Dunnellon, FL 34433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jay Castaline
Address: 7659 West Glendale Ct.
Dunnellon, FL 34433

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

Required Signature/Registered Agent

7-29-13
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.

Required Signature/Incorporator

7-29-13
Date