

# P13000081010

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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DIVISION OF CONSUMER AFFAIRS

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10/2/13

## COVER LETTER

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

SUBJECT: Wolf Petersen Corp.  
(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: Gabe Petersen  
Name (Printed or typed)

13965 Old oak trail  
Address

TLH, FL, 32309  
City, State & Zip

850-597-0111  
Daytime Telephone number

gbpetersen@comcast.net  
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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APR 11 1968  
FILED

**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: Wolf Petersen corp.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13965 old oak trail

Tallahassee

, FL, 32309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to be an eligible ~~interest~~

business (corp.)

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

Name and Title:

Name and Title:

Gabe Petersen, President

Address

Address:

13965 old oak trail

Tallahassee, FL, 32309

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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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: Gabe Petersen  
Address: 13965 old oaktrail  
Tallahassee FL, 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gabe Petersen  
Address: 13965 old oak trail  
Tallahassee FL, 32309

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

Gabe Petersen  
Required Signature/Registered Agent

10/2/13  
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.

Gabe Petersen  
Required Signature/Incorporator

10/2/13  
Date