

P/3000081987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

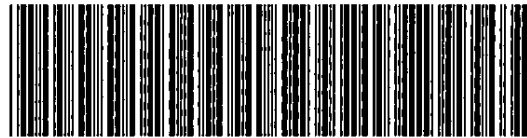
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 10/04/13

COVER LETTER

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

SUBJECT: IRWIN WOLFE & ASSOCIATES 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: IRWIN WOLFE
Name (Printed or typed)

6529 PIEMONTE DRIVE
Address

BOYNTON BEACH FLORIDA 33472
City, State & Zip

561 523 1161 561 369 4450
Daytime Telephone number

iwolfe49@aol.com
E-mail address: (to be used for future annual report notification)

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

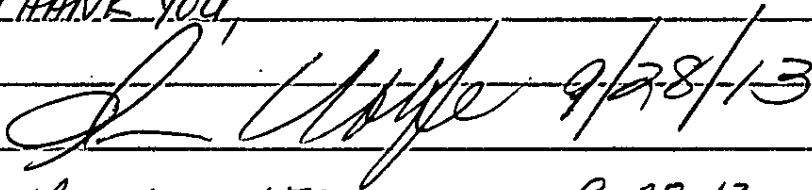
Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

IRWIN WOLFE
6529 PIEMONTE DR.
BOYNTON BEACH, FL 33472
561 523 1161 561-369-4450
iwolfe49@aol.com

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED I HAVE NO INTENTION
OF REINSTATING THE DISSOLVED CORPORATION
OF IRWIN WOLFE & ASSOCIATES INC. (P96 0000 49356).
I WOULD LIKE TO FILE A NEW CORPORATION.

THANK YOU,


IRWIN WOLFE 9-28-13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: IRWIN WOLFE & ASSOCIATES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6529 PIEMONTE DRIVE
BOYNTON BEACH
FLORIDA 33472

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: manufacturers representative
for formalwear

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRWIN WOLFE, PRESIDENT Name and Title: _____

Address 6529 PIEMONTE DR. Address: _____
BOYNTON BEACH, FL 33472

Name and Title: SUSAN SNAIDER, VICE-PRES. Name and Title: _____

Address 6529 PIEMONTE DR. Address: _____
BOYNTON BEACH, FL. 33472

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: IRWIN WOLFE

Address: 6529 PIEMONTE DRIVE
BOYNTON BEACH, FL 33472

ARTICLE VII INCORPORATOR

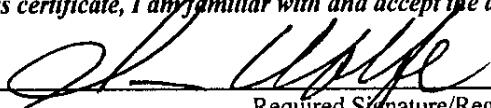
The name and address of the Incorporator is:

Name: IRWIN WOLFE

Address: 6529 PIEMONTE DRIVE
BOYNTON BEACH, FL 33472

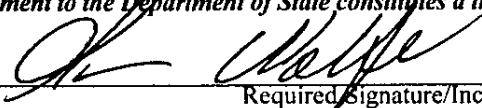
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TALLAHASSEE, FLORIDA

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


Required Signature/Registered Agent

9/28/13
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

9/28/13
Date