

P14000003340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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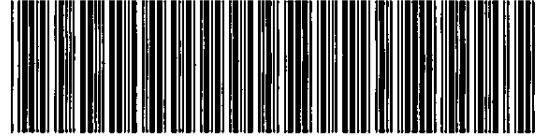
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 APR 14 PM 3:34

1/4

COVER LETTER

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

SUBJECT: **WAYNE TURNER, 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: **JAMES GUEST**

Name (Printed or typed)

50 KINDRED ST, SUITE 303

Address

STUART, FL 34994

City, State & Zip

772-286-9005

Daytime Telephone number

JGUEST@GPCPA.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)

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ARTICLE I NAME

The name of the corporation shall be: WAYNE TURNER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16289 77th Rd.

Live Oak, FL 32060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general nature of the business to be transacted by this

Corporation is to engage in any and all business permitted

under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard W. Turner, Sr./Pres.

Name and Title: Shirley Turner / VP

Address: 16289 77th Rd.

Address: 16289 77th Rd.

Live Oak, FL 32060

Live Oak, FL 32060

Name and Title: Richard W. Turner, Jr./ Sec.

Name and Title: _____

Address: 27301 SW 164th Ct.

Address: _____

Homestead, FL 33031

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: James Guest
Address: 50 Kindred Street, Su. 303
Stuart, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard W. Turner, Sr.
Address: 16289 77th Rd.
Live Oak, FL 32060

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

4/2/14
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.

Richard W. Turner, Sr.
Required Signature/Incorporator

3/31/14
Date