

PA000033507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

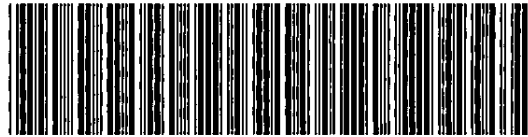
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4/23
Changed name of Company from
The Chip Shop Inc to The W
and C Group Inc. per Caroline.

(Signature)



500257176175

02/28/14--01013--009 **87.50

FILED
14 APR -7 AM 7:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 23 2014

J. BRYAN

W14-17866



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2014

CAROLINE SCOTT
PO BOX 780026
ORLANDO, FL 32878

SUBJECT: THE FISH AND CHIP SHOP INC
Ref. Number: W14000014866

RECEIVED
14 MAR 19 PM 3:45
SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

We have received your document for THE FISH AND CHIP SHOP INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 014A00005052



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2014

CAROLINE SCOTT
PO BOX 780026
ORLANDO, FL 32878

SUBJECT: THE FISH AND CHIP SHOP INC
Ref. Number: W14000014866

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR - 7 PM 4: 06

RECEIVED

We have received your document for THE FISH AND CHIP SHOP INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 014A00005052

ATTN: - JOEY -

Thank You!!
Caroline
-x-

COVER LETTER

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

SUBJECT: The W and C Group 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: Caroline Scott

Name (Printed or typed)

15120, Perdido Drive

Address

Orlando, FL 32828

City, State & Zip

407-574-0118

Daytime Telephone number

scottsisus@hotmail.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 NAMEThe name of the corporation shall be: The W and C Group Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address15120, Perdido DriveOrlandoFL 32828

Mailing address, if different is:

PO Box 780026OrlandoFL 32878**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Various professional services provided to end user consumer or businesses.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Wayne HarveyAddress: 15120, Perdido DriveOrlandoFL 32828Name and Title: Caroline ScottAddress: 15120, Perdido DriveOrlandoFL 32828

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Caroline Scott
Address: 15120, Perdido Drive
Orlando, FL 32828

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Caroline Scott
Address: 15120, Perdido Drive
Orlando, FL 32828

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

Caroline Scott
Required Signature/Registered Agent

4/23/2014

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.

Caroline Scott
Required Signature/Incorporator

4/23/2014

Date