

P14000038673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

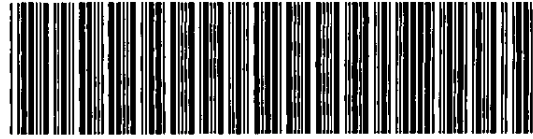
(Business Entity Name)

(Document Number)

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

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14 MAY - 1 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/2/14

**COVER LETTER**

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

**SUBJECT: W2E, 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: WILLIAM J BUBBERS**

Name (Printed or typed)

**240 S. COURTENAY PARKWAY**

Address

**MERRITT ISLAND, FL 32952**

City, State & Zip

**321-459-2938**

Daytime Telephone number

**BILL@BILLbUBBERSCPA.COM**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY - 1 PM 2:52

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**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: W2E, INC.

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**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
240 S. COURTENAY PARKWAY  
MERRITT ISLAND, FL 32952

Mailing address, if different  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ALL LEGAL FOR PROFIT ACTIVITIES

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000

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

Name and Title:	<u>WILLIAM J BUBBERS</u>	Name and Title:	_____
Address	<u>240 S COURTENAY PKWY</u>	Address:	_____
	<u>MERRITT ISLAND, FL 32952</u>		_____
	<u>(D) (P)</u>		_____

Name and Title:	<u>RONALD L REMUS</u>	Name and Title:	_____
Address	<u>8571 BOULDER SHORES DR</u>	Address:	_____
	<u>SOUTH LYON, MI 48178-9823</u>		_____
	<u>(D) (SEC, TR)</u>		_____

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

(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: WILLIAM J BUBBERS

Address: 240 S. COURTENAY PKWY  
MERRITT ISLAND, FL 32952

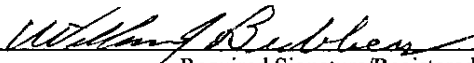
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: WILLIAM J BUBBERS

Address: 240 S. COURTENAY PARKWAY  
MERRITT ISLAND, FL 32952

*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

04/28/2014  
 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.*

  
 Required Signature/Incorporator

04/28/2014  
 Date

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**14 MAY - 1 PM 2:52**  
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 TALLAHASSEE, FLORIDA