71400043269

(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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Charly Charles

COVER LETTER

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

SUBJECT: GW ENTERPRISES FLORIDA, INC.					
SOLUECI.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: G	ERT HEBSACK	ER			
	Nam	e (Printed or typed)			
16	339 SE 40th STF	REET			
		Address			
C	APE CORAL FL	<u>*</u>			
23	39-826-4861	, State & Zip			

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

Daytime Telephone number

worldbeverages@aol.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

rincipal street address COSA CT. FL, 33904	S FLORIDA, INC. 14 HAY 12: 1 Mailing address, if different is: WOLFGANG WINDSOR/TERRI PIGOTZ-REMAX 2326 DEL PRADO BLVD. SOUTH S. CAPE CORAL FL, 33990
	CAPE CORAL FL. 33990
	0/11 = 00/11/12/1=,00000
OSE corporation is organized is:	MENT
MAL OFFICERS AND/OR DIRECTORS WOLFGANG WINDSOR - PRESIDENT 5110 SANTA ROSE CT. FORT MYERS FL, 33919	Name and Title: Address:
	Name and Title: Address:
	RES lock is: 1000 MAL OFFICERS AND/OR DIRECTORS WOLFGANG WINDSOR - PRESIDENT 5110 SANTA ROSE CT. FORT MYERS FL, 33919 CAPE CORAL FL, 33904

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	GERT HEBSACKER	
Address:	1639 SE 40 TH STREET	
	CAPE CORAL, FL 33904	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	WOLFGANG WINDSOR	
Address:	5110 SANTA ROSA CT.	
	CAPE CORAL FL, 33904	
	ned as registered agent to accept service of process um familiar with and accept the appointment as reg	·
	D :: 10: /D :: 14	<u> </u>
	Required Signature/Registered Agent	Date
I submit this document to the L	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a a sprovided for in s.817.155, F.S.
	Required Signature/Incorporator	05/06/2014
	V	/ /