

P14000044333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

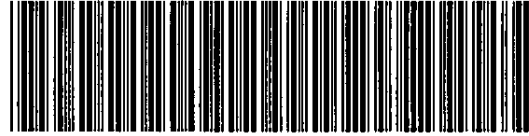
(Business Entity Name)

(Document Number)

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

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14 MAY 19 PM 2:35

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B2S/20/14

## COVER LETTER

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

SUBJECT: 2 W Land Management, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Michael Wilkerson

Name (Printed or typed)

5812 Dory Way

Address

Tampa, FL 33615

City, State & Zip

813-767-2960

Daytime Telephone number

Pilot00@AOL.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 NAME**

The name of the corporation shall be: 2 W Land Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5812 Dory Way

Tampa, FL 33615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to include, but not limited to, the acquisition  
disposition, leasing, management, and maintenance of real property and  
personal property, and managing investment and portfolio assets, and  
providing construction services. In general, to carry on any other business  
in connection with the foregoing and to have and to exercise all powers conferred  
by the laws of the State of Florida, and any amendments thereto and to do any  
and all things above set forth to the same extent as a natural person would do.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Michael Wilkerson, President

Name and Title: \_\_\_\_\_

Address 5812 Dory Way

Address: \_\_\_\_\_

Tampa, FL 33615

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

14 MAY 19 PM 2:35  
DIVISION OF CORPORATE AFFAIRS  
SECRETARY OF STATE

(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: Rickard & Harrell, P.A.

Address: 120 East State Street, Ste 101

Oldmsar, FL 34677

**ARTICLE VII INCORPORATOR**

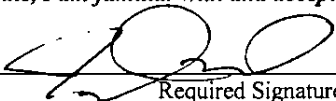
The name and address of the Incorporator is:

Name: Michael Wilkerson

Address: 5812 Dory Way

Tampa, FL 33615

*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

5/14/14  
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.*

  
Required Signature/Incorporator

5/14/14  
Date

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
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