P.14005268

(Requestor's Name)				
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	<i>#</i>)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

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

SUBJECT: J. V	Veber Holdings II	l, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d 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 CO	PY REQUIRED
		e (Printed or typed)	
40	840 Misty Pines	Address	
Li	ake Worth, Floric		
<u>(5</u>	661) 433-0328	•	
jr	3261@aol.com	elephone number	
	E-maii address: (to be use	d for future annual report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2014

J. WEBER HOLDINGS II, INC. 4840 MISTY PINES TRL. LAKE WORTH, FL 33463

SUBJECT: WEBER HOLDINGS, INC.

Ref. Number: W14000037756

We have received your document for WEBER HOLDINGS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 414A00013135

Division of Comparations D.O. POV 6297 Tollahogges Florida 22914

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

CLE II PRI	NCIPAL OFFICE		
- desir II FRI	Principal street address	Mailing address, i	f different is:
0 Misty Pi	nes Trl.		f different is:
e Worth, I	L 33463		
,	,		
CLE III PUR	POSE Invoct	mant	
rpose for which	the corporation is organized is: Invest	IIIQIII	<u></u>
			<i></i>
			·
	<u> </u>		
			~~
			~~~~~
cle ia sh	ARES 10		~~~~
CLE IV SH unber of shares o	ARES f stock is: 10		
	TIAL OFFICERS AND/OR DIRECTS		
CLE V IN	TIAL OFFICERS AND/OR DIRECTS	DRS	
CLE V IN	trial officers and/or directs le: Joyce Russell / P	DRS  Name and Title:	
CLE V IN	TIAL OFFICERS AND/OR DIRECT le: Joyce Russell / P 4840 Misty Pines Trl.	DRS	
CLE V IN	TIAL OFFICERS AND/OR DIRECTY le: Joyce Russell / P 4840 Misty Pines Trl. Lake Worth	DRS  Name and Title:	
CLE V IN	TIAL OFFICERS AND/OR DIRECT le: Joyce Russell / P 4840 Misty Pines Trl.	DRS  Name and Title:	
CLE V IN	TIAL OFFICERS AND/OR DIRECTOR  Joyce Russell / P  4840 Misty Pines Trl.  Lake Worth  Florida, 33463	Name and Title:Address;	
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTY 1e: Joyce Russell / P 4840 Misty Pines Trl. Lake Worth Florida, 33463	Name and Title:	
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR  Joyce Russell / P  4840 Misty Pines Trl.  Lake Worth  Florida, 33463	Name and Title:	
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTY 1e: Joyce Russell / P 4840 Misty Pines Trl. Lake Worth Florida, 33463	Name and Title:	
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTY 1e: Joyce Russell / P 4840 Misty Pines Trl. Lake Worth Florida, 33463	Name and Title:  Address:  Name and Title: Address:	
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECTY Joyce Russell / P 4840 Misty Pines Trl. Lake Worth Florida, 33463	Name and Title:Address:  Name and Title:Address:	
Name and Title Address  Name and Title Address	Joyce Russell / P  4840 Misty Pines Trl.  Lake Worth  Florida, 33463	Name and Title:Address:  Name and Title:Address:	

Name an	d Title:	Name and Title:	
Address		Address:	
	· · · · · · · · · · · · · · · · · · ·		
		<del></del>	
ARTICLE VI The name and Fl	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	James Russell		
Address:	4840 Misty Pines Trl	•	
	Lake Worth, FL 33463		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Joyce Russell		
Address:	4840 Misty Pines Trl		
	Lake Worth, FL 33463		
this certificate, I a	ned as registered agent to accept service of process of familiar with and accept the appointment as regularly Required Signature/Registered Agent	istered agent and agree to act i	
			Date
	sment and affirm that the facts stated herein are Department of State constitutes a third degree felon		
Joe	sce Kussell	· · ·	6-14-14 Date
$\overline{U}$	Required Signature/Incorporator		Date