

P/4000071528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

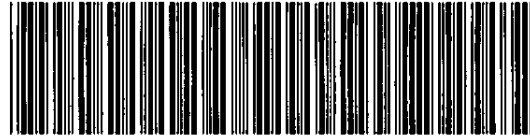
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 08/27/14

COVER LETTER

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

SUBJECT: WAB NATION ENTERTAINMENT 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: WARREN ALLEN BROOKS
Name (Printed or typed)

5223 LAWNWOOD DR.
Address

Temple Terrace, FLA. 33617
City, State & Zip

813-728-2807
Daytime Telephone number

WABNATIONRECORDS@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 NAME

The name of the corporation shall be: WAB Nation Entertainment Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5223 LAWNWOOD DR.
Temple TERRACE
FLA. 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: selling music online

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

CEO - CHAIRMAN

CEO - president

Name and Title: WARREN ALLEN BROOKS

Name and Title: Anthony LEE FRIESEN

Address 5223 LAWNWOOD DR.
Temple TERRACE,
FLA. 33617

Address: 5223 LAWNWOOD DR.
Temple, TERRACE,
FLA. 33617

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: WARREN ALLEN BROOKS
Address: 5223 LAWNWOOD DR.
Temple Terrace FLA. 33617

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WARREN ALLEN BROOKS
Address: 5223 LAWNWOOD DR.
Temple Terrace, FLA. 33617

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

Warren A. Brooks
Required Signature/Registered Agent

Aug 21-14
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.

Warren A. Brooks
Required Signature/Incorporator

Aug 21-14
Date