

P15 000000584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

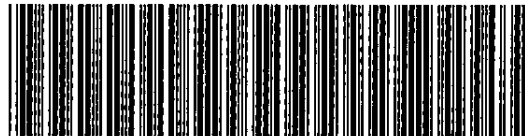
(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:



700267872117

01/02/15--01037--005 **78.75

15 JAN -2 PM 4:58
TALLAHASSEE, FLORIDA

Office Use Only

15-15-1

COVER LETTER

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

SUBJECT: Wolfgang Studios, 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: Mario A. Alfonso, Jr.
Name (Printed or typed)
8941 S.W. 10 Terrace
Address
Miami, Fl. 33174
City, State & Zip
305-554-0960
Daytime Telephone number
iamatpeace@comcast.net
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME Wolfgang Studios, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8941 S.W. 10 Terrace

Miami, Fl. 33174

ARTICLE III PURPOSE

Any and all licit business

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario A. Alfonso, Jr. President

Name and Title: _____

Address 8941 S.W 10 Terrace

Address: _____

Miami, Fl. 33174

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
JAN 2 PM 4:59
CLERK
STATE OF FLORIDA

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: Annabelle Alfonso

Address: 8941 S.W. 10 Terrace

Miami, Fl. 33174

15 JAN -2 PM 16:59
FALL ARMS, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mario A. Alfonso, Jr.

Address: 8941 S.W. 10 Terrace

Miami, Fl. 33174

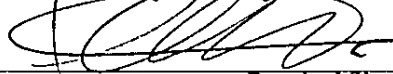
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12-10-2014
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

12/10/2014
Date