

P/50000/2037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

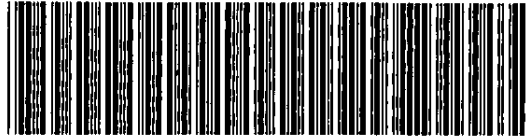
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 5 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Anthony Wagner, 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: Anthony Wagner
Name (Printed or typed)
7309 Coquina Way
Address
St Petersburg Beach, FL 33706
City, State & Zip
727-579-9956
Daytime Telephone number
tw.proinsurance@gmail.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: Anthony Wagner, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7309 Coquina Way

St Petersburg Beach, FL 33706

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TALLAHASSEE, FLORIDA

Mailing address, if different is:

7309 Coquina Way

St Petersburg Beach, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance

The purpose of the corporation is to conduct any lawful business activities.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Wagner-President

Address: 7309 Coquina Way

St Petersburg Beach, FL 33706

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Anthony Wagner

Address: 7309 Coquina Way

St Petersburg Beach, FL 33706

ARTICLE VII INCORPORATOR

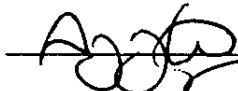
The name and address of the Incorporator is:

Name: Anthony Wagner

Address: 7309 Coquina Way


St Petersburg Beach, FL 33706

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

1-20-2018
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

1-20-2018
Date