

From:

Division of Corporations

02/15/2015

15

15

#64

P

0003

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000029619 3)))



H150000296193ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
WE-BRIDGE INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

From:

02/04/2015 16:17

#764 P.002/003

FILED

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

15 FEB -4 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: WE-BRIDGE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

181 ORANGE TREE DR.

ATLANTIS, FL 33462

Mailing address, if different is:

181 ORANGE TREE DR.

ATLANTIS, FL 33462

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JERRY MOND/DIRECTOR

Name and Title: _____

Address: 181 ORANGE TREE DR.

Address: _____

ATLANTIS, FL 33462

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

From:

02/04/2015 16:17

#764 P.003/003

(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: JERRY MOND
Address: 181 ORANGE TREE DR.
ATLANTIS, FL 33462

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JERRY MOND
Address: 181 ORANGE TREE DR.
ATLANTIS, FL 33462

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

(X) [Signature]
Required Signature/Registered Agent

2/3/2015
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.

(X) [Signature]
Required Signature/Incorporator

2/3/2015
Date

FILED
15 FEB -4 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA