

PIS 0000 23382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

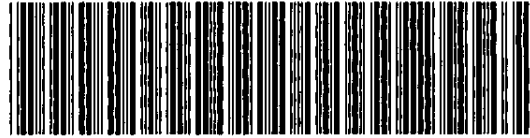
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270253227

03/09/15--01009--022 **87.50

FILED
15 MAR -9 PM 1:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Wing N This Co.

(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: Mikael Holbrook

Name (Printed or typed)

1009 Illinois Ave

Address

Lynn Haven, FL 32444

City, State & Zip

(850) 596-5792

Daytime Telephone number

Holbrook.Mikael@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: Wing N This Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1009 Illinois Ave

Lynn Haven, Fl 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit. The goal of Wing N This is to produce and sell quality food from our Mobile Food Dispensing Vehicle.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mikael Holbrook CEO

Name and Title: _____

Address 1009 Illinois Ave

Address: _____

Lynn Haven, Fl 32444

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 MAR - 3 PM 1:11
SECRETARY OF STATE
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: Mikael Holbrook

Address: 1009 Illinois Ave
Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mikael Holbrook

Address: 1009 Illinois Ave
Lynn Haven, FL 32444

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

3/6/2015

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.



Required Signature/Incorporator

3/6/2015

Date