

P 15000029742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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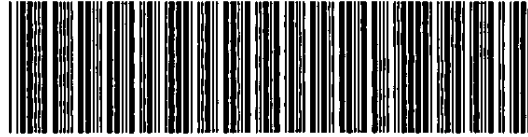
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/15--01023--003 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

108 4/1/15

COVER LETTER

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

SUBJECT: WHPS, 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: LAKETRA & WILLIE HILLS

Name (Printed or typed)

P.O. BOX 2227

Address

LAKE PLACID, FL 33862

City, State & Zip

963-441-5027 OR 863-441-5026

Daytime Telephone number

whps.inc@gmail.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

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ARTICLE I NAME WHPS, INC.

The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal street address

1543 SYCAMORE AVE
LAKE PLACID, FL 33852

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O.BOX 2227
LAKE PLACID, FL 33862

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES 7,500

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAKETRA S. HILLS, P

Name and Title: _____

Address

P.O.BOX 2227
LAKE PLACID, FL 33862

Address: _____

Name and Title: WILLIE V. HILLS, VP

Name and Title: _____

Address

P.O.BOX 2227
LAKE PLACID, FL 33862

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:

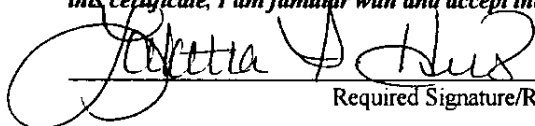
Name: LAKETRA S. HILLS
Address: 1543 SYCAMORE AVE
LAKE PLACID, FL 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAKETRA S. HILLS
Address: P.O.BOX 2227
LAKE PLACID, FL 33862

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

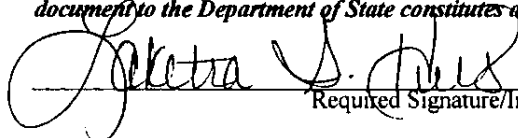


Required Signature/Registered Agent

3/26/15

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

3/26/15

Date

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