

P15000069702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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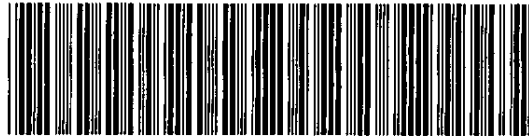
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG 17 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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X2003

8/25/15

COVER LETTER

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

SUBJECT: Wolfson Equipment and Records 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: Jeffery Wolfson

Name (Printed or typed)

PO Box 442200

Address

Jacksonville, FL 32222

City, State & Zip

206 354-1000

Daytime Telephone number

x10ded@comcast.net

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

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

eff 8/15

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: Wolfson Equipment and Records Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

3801 University Blvd W

Jacksonville, FL 32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale of electronic equipment and vinyl records to the public.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffery Wolfson, President

Name and Title: _____

Address PO Box 442200

Address: _____

Jacksonville, FL 32222

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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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: Jeffery Wolfson
Address: 3801 University Blvd W
Jacksonville, FL 32222

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffery Wolfson
Address: PO Box 442200
Jacksonville, FL 32222

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 15, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Jeffery D. Wolfson
Required Signature/Registered Agent

8/14/15
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.

Jeffery D. Wolfson
Required Signature/Incorporator

8/14/15
Date