

P15000072460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

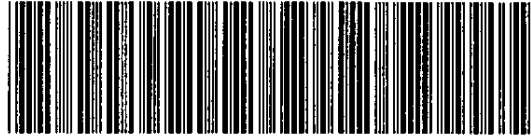
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15 AUG 26 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 2 2015

COVER LETTER

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

SUBJECT: Wayne Sanfilippo 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: Wayne Sanfilippo
Name (Printed or typed)

8085 Breeze Drive
Address

Fl. Myers, FL 33917
City, State & Zip

239-258-5759
Daytime Telephone number

HomeImprovementsbywayne@yahoo.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: Wayne Sanfilippo inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9085 Breeze Dr
Ft. Myers FL 33917

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Flooring Construction

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wayne Sanfilippo / owner Name and Title: _____

Address 9085 Breeze Dr Address: _____
Ft. Myers FL 33917

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Wayne Sanfilippo
Address: 9085 Breeze Dr
 Ft Myers FL 33917

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Wayne Sanfilippo
Address: 9085 Breeze Dr
 Ft Myers FL 33917

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

[Signature]
Required Signature/Registered Agent

8.21.15
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.

[Signature]
Required Signature/Incorporator

8.21.15
Date