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15 SEP 25 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I. Bush OCT 1 2015

COVER LETTER

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

SUBJECT: The Wright's Grout Solution, 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: Charlise Q. Wright
Name (Printed or typed)

3140 SE 1st Ave Apt 30
Address

Ocala, FL 34471
City, State & Zip

352-530-3021
Daytime Telephone number

cierastewart91@hotmail.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: THE WRIGHT'S GROUT SOLUTION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3140 SE 1st Ave Apt 30 Ocala, FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful business.

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charlise Q. Wright

Name and Title: _____

Address 3140 SE 1st Ave Apt 30

Address: _____

Ocala, FL 34471

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: Charlise Q. Wright

Address: 3140 SE 1st Ave Apt 30

Ocala, FL 34471

ARTICLE VII INCORPORATOR

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

Name: Charlise Q. Wright

Address: 3140 SE 1st Ave Apt 30

Ocala, FL 34471

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


Required Signature/Registered Agent

9/16/15
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

9/16/15
Date

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TALLAHASSEE, FLORIDA