

P15000093722

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☐ PICK-UP

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(Business Entity Name)

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Certificates of Status ☒

Special Instructions to Filing Officer:

~~W15-73494~~

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11/02/15--01016--011 **78.75

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2015 NOV 16 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 19 2015

COVER LETTER

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

SUBJECT: Wolfe Consulting Company
(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: Stephen Wolfe
Name (Printed or typed)

13733 NW 15 St
Address

Pembroke Pines, FL 33028
City, State & Zip

954-649-3514
Daytime Telephone number

stevestedbmw@aol.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2015

STEPHEN WOLFE
13733 NW 15 STREET
PEMBROKE PINES, FL 33028

SUBJECT: WOLFE CONSULTING COMPANY
Ref. Number: W15000073494

We have received your document for WOLFE CONSULTING COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000098545.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

Letter Number: 615A00023566

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: Wolfe Consulting Group Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

13733 NW 15 St

Pembroke Pines, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100 at \$1 par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Stephen Wolfe - P

Name and Title:

Address

13733 NW 15 St.

Address:

Pembroke Pines, FL

33028

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Bonnie Wolfe

Address:

13733 NW 15 St
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Stephen Wolfe

Address:

13733 NW 15 St
Pembroke Pines, FL 33028

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

Bonnie Wolfe

Required Signature/Registered Agent

10/30/15
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.

Stephen Wolfe

Required Signature/Incorporator

10/30/15
Date