

# P16000000258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

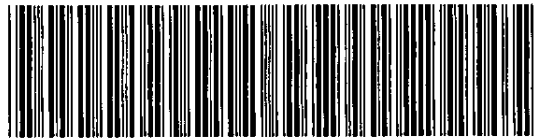
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400280537714

01/04/16--01001--022 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
NOT ATTACHED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
16 JAN -4 PM 2:35

16 JAN -4 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
01/04/16

APPROVED  
AND  
FILED

01/04/16

## COVER LETTER

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

SUBJECT: WP and Associates 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: Windell Paige  
Name (Printed or typed)

1725 Indian Town Lane  
Address

Tallahassee, FL 32312  
City, State & Zip

850 765-1473  
Daytime Telephone number

WPaige@Comcast.net  
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: WP and Associates Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1725 Indian Town Lane  
Tallahassee, FL 32312

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to do consulting, training,  
public speaking

APPROVED  
AND  
FILED  
16 JAN -4 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Windell Paige CEO Name and Title: \_\_\_\_\_

Address 1725 Indian Town Lane Address: \_\_\_\_\_  
Tallahassee, FL 32312

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: Windell Paige

Address: 1725 Indian Town Lane  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Windell Paige

Address: 1725 Indian Town Lane  
Tallahassee, FL 32312

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN -4, PM 2:32

APPROVED  
AND  
FILED

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/7/16 (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

Windell Paige

Required Signature/Registered Agent

1/4/16  
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.

Windell Paige

Required Signature/Incorporator

1/4/16  
Date