

P 16000005524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

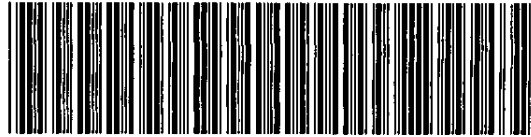
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16 JAN 11 PM 3:43
CLERK OF DISTRICT COURT
JAN 11 2016

gf 1/21/16

COVER LETTER

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

SUBJECT: W. HERNANDEZ 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: WARAZI HERNANDEZ

Name (Printed or typed)

6237 GREEN PINE LN

Address

JACKSONVILLE FL 32277

City, State & Zip

904 339 2744

Daytime Telephone number

warazihernandez@yahoo.com

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

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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)

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ARTICLE I NAME

The name of the corporation shall be: W. HERNANDEZ INC.

16 JAN 11 PM 3:43

ARTICLE II PRINCIPAL OFFICE

Principal street address
6237 GREEN PINE LN
JACKSONVILLE FL 32277

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WARAZI HERNANDEZ, PRESIDENT

Name and Title: _____

Address: 6237 GREEN PINE LN

Address: _____

JACKSONVILLE FL 32277

Name and Title: KENIA GONZALEZ, VICE PRESIDENT

Name and Title: _____

Address: 6237 GREEN PINE LN

Address: _____

JACKSONVILLE FL 32277

Name and Title: ORESTES PINO, TREASURER

Name and Title: _____

Address: 1110 ATLANTIC BLVD APT 903

Address: _____

JACKSONVILLE FL 32225

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: WARAZI HERNANDEZ

Address: 6237 GREEN PINE LN

JACKSONVILLE FL 32277

ARTICLE VII INCORPORATOR

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

Name: WARAZI HERNANDEZ

Address: 6237 GREEN PINE LN

JACKSONVILLE FL 32277

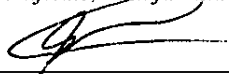
ARTICLE VIII EFFECTIVE DATE:

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

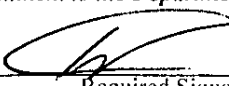
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 (WARAZI HERNANDEZ) 1/6/2016
Required Signature/Registered Agent 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.

 (WARAZI HERNANDEZ) 1/6/2016
Required Signature/Incorporator Date

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