

P160000012358

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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16 FEB - 5 AM 10:41  
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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2016

WILLY PIERRE  
245 LAURENT CT.  
LEHIGH ACRES, FL 33936

SUBJECT: WILLMAGG ENTERPRISE INC.  
Ref. Number: W16000004753

We have received your document for WILLMAGG ENTERPRISE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

You must list at least one incorporator with a complete business street address.

The registered agent, incorporator and officers address are all incomplete. Please retype them out or wile them out in their entirety.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 616A00001503

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

RECEIVED  
16 FEB -5 AM 10:32  
TALLAHASSEE, FL 32314

## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** WILLY PIERRE  
Name (Printed or typed)

245 LAURENT CT  
Address

LEHIGH ACRES, FLORIDA 33936  
City, State & Zip

239-645-3784  
Daytime Telephone number

pierre\_284@msn.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**

WILLMAGG ENTERPRISE INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: \_\_\_\_\_

245 LAURENT CT

LEHIGH ACRES, FLORIDA 33936

**ARTICLE III PURPOSE**

REALESTATE INVESTMENT

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

2 FOR NOW

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: WILLY PIERRE

Name and Title: PRESIDENT

Address 245 LAURENT CT

Address: \_\_\_\_\_

LEHIGH ACRES, FLORIDA 33936

Name and Title: MARGUERITE G. PIERRE

Name and Title: VICE PRESIDENCY

Address 245 LAURENT CT

Address: \_\_\_\_\_

LEHIGH ACRES, FLORIDA 33936

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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16 FEB - 5 AM 10:41  
SECRETARY  
ALABAMA

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: WILLY PIERRE  
Address: 245 LAURENT CT  
LEHIGH ACRES, FLORIDA 33936

**ARTICLE VII INCORPORATOR**

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

Name: WILLY PIERRE  
Address: 245 LAURENT CT  
LEHIGH ACRES, FLORIDA 33936

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SECRETARY OF  
TALLAHASSEE FL

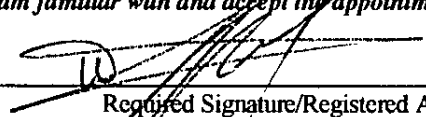
**ARTICLE VIII EFFECTIVE DATE:** 1/7/2016

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.)

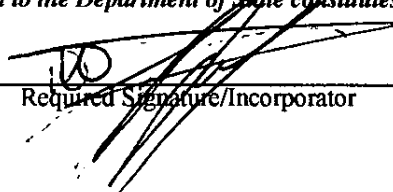
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1/7/2016  
\_\_\_\_\_  
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

1/7/2017  
\_\_\_\_\_  
Date