

P16000015599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

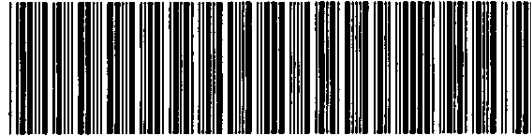
(Business Entity Name)

(Document Number)

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

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FEB 1 8 2016

S. GILBERT

## COVER LETTER

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

SUBJECT: WEBERS WHATS UP DOCKS RACING INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: Michael Ferraro CPA

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Name (Printed or typed)

196 E. Nine Mile Rd----- Suite E

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Address

Pensacola FL 32534

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City, State & Zip

850-475-4100

---

Daytime Telephone number

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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: WEBERS WHATS UP DOCKS RACING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6534 LAKESHORE DR

MILTON FL 32570

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

**ARTICLE III PURPOSE**

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

to engage in any business or activity not prohibited by law.

**ARTICLE IV SHARES**

The number of shares of stock is: TWO

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

Name and Title: DAVID WEBER

Name and Title: President

Address 6534 LAKESHORE DR  
MILTON FL 32570

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

Name and Title: TRACEY WEBER

Name and Title: VP

Address 6534 LAKESHORE DR  
MILTON FL 32570

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

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

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

Address \_\_\_\_\_

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

(conti.)

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: TRACEY WEBER  
Address: 6534 LAKESHORE DR  
MILTON FL 32570

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TRACEY WEBER  
Address: 6534 LAKESHORE DR  
MILTON FL 32570

*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*

Tracey Weber 02/01/2016  
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.*

Tracey Weber 02/01/2016  
Required Signature/Incorporator Date