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COVER LETTER

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

SUBJECT: O.B. WON CANOPEE 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 ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: D. L. Rainey				
Name (Printed or typed)				
u800 Gulfport Blvd. S. # 201-238				
Address				
St. Petersburg, FL 33707 City, State & Zip				
737.371.4 Daytime Telephone number				
• • • • • • • • • • • • • • • • • • •				
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)

The name of the corporation shall be: O.B. WON CANOPEE, COMPANY				
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing	address, if different is:	
_0800 Gulfp	ort Blvd.S. #agi-a38			
St. Petersbur	rg, FL 33707	 		
ARTICLE III PURPO The purpose for which the	NSE ne corporation is organized is: Engage	e in lawful	business.	
		EFFECTIVE DA	IE TO STEE	
		2-0-10	ARABAR S	
				
ARTICLE IV SHARE The number of shares of shares			PH 2: 09 SEEF FLORID	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS			
Name and Title	D.L. Boiney President/CEC	Name and Title:		
	4800 Guifport Blvd. S. # 20		· · · · · · · · · · · · · · · · · · ·	
	St. Petersburg, FL 33707			
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		

Name a	and Title: Name and T	Title:
Addres	ess Address:	
		· · · · · · · · · · · · · · · · · · ·
ARTICLE VI	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT acceptable) of the registered	dagent is:
Name:	D.L. Roiney	
Address:	<u> 6800 Guifport Blvd.S. # 801-838</u>	
	St. Petersburg, FL 33707	
ARTICLE VII	I INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	D.L. Roiney	
Address:		338
	St Petersburg, Fl 33707	
ARTICLE VIII	<u>II_EFFECTIVE DATE;</u>	
Effective date, i (If an effective days after the i	if other than the date of filing: February 10, 30110. e date is listed, the date must be specific and cannot be more than	(OPTIONAL) an five business days prior or 90 business
	ate inserted in this block does not meet the applicable statutory filing effective date on the Department of State's records.	g requirements, this date will not be listed as
	named as registered agent to accept service of process for the above I am familiar with and accept the appointment as registered agent	
Dd Ra	Required Signature/Registered Agent	<u> </u>
	Required Signature/Registered Agent	Date
	locument and affirm that the facts stated herein are true. I am aw ie Department of State constitutes a third degree felony as provided	
nd Rn	Duffed Signature/Incorporator	3 · 8 · 11 Date
Rea	puired Signature/Incorporator	Date

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