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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~04-11-16~~
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7

COVER LETTER

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

SUBJECT: W. MUIR, 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: Alan J. Paoli, Esquire
Name (Printed or typed)
1720 Harrison Street, Suite 6CW
Address
Hollywood, FL 33020
City, State & Zip
(954) 925-9828
Daytime Telephone number
ALAN@PAOLILAWFL.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

The name of the corporation shall be: W. MUIR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2650 NE 205 STREET

MIAMI, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE IN THE STATE OF
FLORIDA AND THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALLACEFORD MUIR, PRESIDENT

Name and Title: _____

Address

2650 NE 205 STREET

Address: _____

MIAMI, FL 33180

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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: ALAN J. PAOLI, ESQUIRE
Address: 1720 Harrison Street, Suite 6CW
Hollywood, FL 33020

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: WALLACEFORD MUIR
Address: 2650 NE 205 STREET
MIAMI, FL 33180

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

Required Signature/Registered Agent

3/31/2016
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

3/31/2016
Date