

P160000042444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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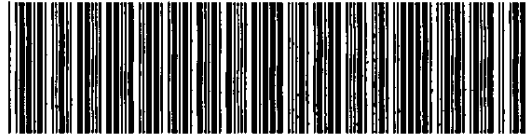
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 MAY -9 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. G. G. MAY 17 2016

COVER LETTER

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

SUBJECT: Value Wholesale, 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 ☐ \$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: Harlan Miller

Name (Printed or typed)

21346 St. Andrews Boulevard, Suite 193

Address

Boca Raton, FL 33433

City, State & Zip

561-699-0793

Daytime Telephone number

harlan@gpni.us

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)

16 MAY -9 AM 10:51

ARTICLE I NAME

The name of the corporation shall be: Value Wholesale, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
21346 St. Andrews Boulevard

Suite 193

Boca Raton, FL 33433

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any lawful business activities as may be approved by the officers and directors of the Company.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harlan Miller, President

Address: 21346 St. Andrews Boulevard
Suite 193
Boca Raton, FL 33433

Name and Title: Harlan Miller, Secretary

Address: 21346 St. Andrews Boulevard
Suite 193
Boca Raton, FL 33433

Name and Title: Harlan Miller, Director

Address: 21346 St. Andrews Boulevard
Suite 193
Boca Raton, FL 33433

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Harlan Miller _____

Address: 21346 St. Andrews Boulevard, #193 _____

Boca Raton, FL 33433 _____

ARTICLE VII INCORPORATOR

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

Name: Harlan Miller _____

Address: 21346 St. Andrews Boulevard, #193 _____

Boca Raton, FL 33433 _____

FILED
16 MAY -9 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

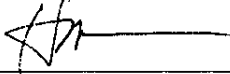
ARTICLE VIII EFFECTIVE DATE:

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

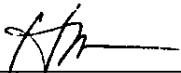


Required Signature/Registered Agent

May 5, 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

May 5, 2016

Date