

P/6000078591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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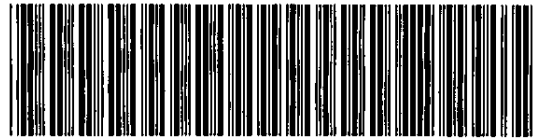
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/16--01019--016 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 26 AM 11:15

EFFECTIVE DATE 09/23/16

09/27/16

COVER LETTER

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

SUBJECT: WHOLESALE BROKERS 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: JOANN DEROSA

Name (Printed or typed)

6442 HOPE CT

Address

PORT ST. LUICE FL. 34986

City, State & Zip

772-595-2085

Daytime Telephone number

TONYDEROSA1@ATT.NET

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: WHOLESALE BROKERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3953 US HWY.1

FORT PIERCE FL. 34982

Mailing address, if different is:

6442 HOPE CT

PORT ST. LUICE FL. 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTO SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOANN DEROSA PRESS.

Name and Title: _____

Address 6442 HOPE CT

Address: _____

PORT ST. LUICE FL. 34986

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: JOANN DEROSA
 Address: 6442 HOPE CT
 PORT ST. LUICE FL. 34986

ARTICLE VII INCORPORATOR

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

Name: JOANN DEROSA
 Address: 3953 US HWY. 1
 FORT PIERCE FL. 34982

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/23/2016 (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.)

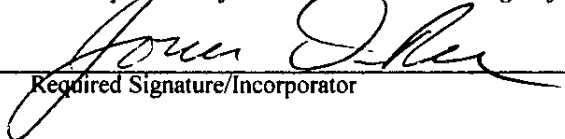
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/23/16
 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

9/23/16
 Date