

P16000083852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

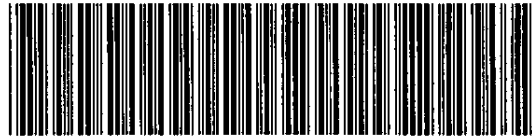
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800291027898

10/17/16--01005--008 **87.50

FILED
2016 OCT 17 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
OCT 18 2016

COVER LETTER

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

SUBJECT: Precision Machining & defense, 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: Thomas Wehrmeyer
Name (Printed or typed)

3943 NW 69th Terrace
Address

Coral Springs, FL 33065
City, State & Zip

954-344-3732
Daytime Telephone number

joanw0527@gmail.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Precision Machining & Defense Inc.

2016 OCT 17 PM 5:33

ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS, IF DIFFERENT IS:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3943 NW 69th Terrace

Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Manufacturing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Wehrmeyer, President

Name and Title: Joan Wehrmeyer, Vice President

Address 3943 NW 69th Terrace

Address: 3943 NW 69th Terrace

Coral Springs, FL 33065

Coral Springs, FL 33065

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED

2016 OCT 17 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
39

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Joan Wehrmeyer

Address: 3943 NW 69th Terrace

Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

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

Name: Thomas Wehrmeyer

Address: 3943 NW 69th Terrace

Coral Springs, FL 33065

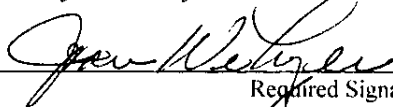
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/15/16. (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

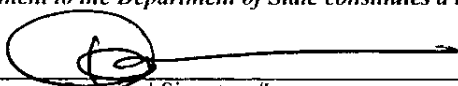


Required Signature/Registered Agent

10/10/16

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

10/10/16

Date