

P160000 86052

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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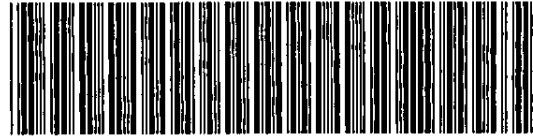
Certified Copies _____ Certificates of Status _____

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OCT 27 2016

T. SCOTT



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10/24/16--01039--017 **70.00

OCT 24 AM 11:48

October 20, 2016

To Whom It May Concern,

I do not wish to reinstate XPAT 1040 INC # P15000085365. Attached is XPAT 1040 INC's new filing of Articles of Incorporation along with the required fee of \$70.

Thank you,

Gabriel Wise, President

COVER LETTER

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

SUBJECT: XPAT 1040 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: GABRIEL WISE
Name (Printed or typed)

7235 N WESTERN AVE
Address

CHICAGO IL 60645
City, State & Zip

1-773-269-6513
Daytime Telephone number

GABRIEL.WISE@WISECPAGROUP.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 XPAT 1040 INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
7235 N WESTERN AVE
CHICAGO IL 60645

Mailing address, if different is:
3030 N ROCKY POINT DR STE 150A
TAMPA, FL 33607

ARTICLE III PURPOSE ANY LEGAL AND LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	GABRIEL WISE, PRESIDENT	Name and Title:	_____
Address	7235 N WESTERN AVE	Address:	_____
	CHICAGO IL 60645		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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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: REGISTERED AGENTS INC.
Address: 3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL WISE
Address: 7235 N WESTERN AVE
CHICAGO IL 60645

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

10/20/2016

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.

X 

Required Signature/Incorporator

10/20/2016

Date