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2016 NOV 21 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
NOV 28 2016

## COVER LETTER

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

SUBJECT: WEINKLE MANAGEMENT, 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
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: GENEVIEVE WEINKLE  
Name (Printed or typed)

2745 LAKE WORTH RD.  
Address

LAKE WORTH, FL. 33461  
City, State & Zip

305. 987. 9465  
Daytime Telephone number

GSWEINKLE@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)

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ARTICLE I NAME

The name of the corporation shall be: WEINKLE MANAGEMENT, INC. NOV 21 AM 7:08

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing address, if different

2745 LAKE WORTH RD.  
LAKE WORTH, FL. 33461

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROPERTY MANAGEMENT  
AND EVERY OTHER LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GENEVIEVE WEINKEL, PRES + D. Name and Title: \_\_\_\_\_

Address: 2745 LAKE WORTH RD. Address: \_\_\_\_\_  
LAKE WORTH, FL. 33461

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2016 NOV 21 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: GENEVIEVE WEINKLE

Address: 2745 LAKE WORTH RD.

LAKE WORTH, FL. 33461

**ARTICLE VII INCORPORATOR**

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

Name: GENEVIEVE WEINKLE

Address: 2745 LAKE WORTH RD,

LAKE WORTH, FL. 33461

**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 days prior or 90 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*

X   
Required Signature/Registered Agent

11/14/16  
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.*

X   
Required Signature/Incorporator

11/14/16  
Date