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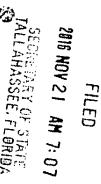
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COVER LETTER

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

WEINKLE MAN	AGEMENT, INC	
(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
rinal and one (1) copy of the art	icles of incorporation and	l a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
Name	e (Printed or typed)	
LAKE WORT	+, FL. 3346	
305. 98 Daytime 7 GSWEINKLE	7. 9465 Felephone number GMAIL. Com	·
	(PROPOSED CORPORA inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status Certificate of Status City 30S. 98 Daytime T GSWEINKLE	Filing Fee Filing Fee

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 corporat	ion shall be: WEINKLE	M AN AGEMENT, INSUE NOV 21	AM 7: 08
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	SECACIARY Ó Mailing addre is, iridinthani SE E.	S STATE Florida
2745 LA	KE Worth Rp.	NA	
LAKE WOR	M, FL. 33461		
	OSE ne corporation is organized is: PRO OTHER LAW FUL	·	
ARTICLE IV SHARI The number of shares of ARTICLE V INITIA Name and Title		nes + D Name and Title:	
Address	2745 LAKE WORM FO	Address:	
	Lake WORRY, E. 3346		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:	Name and Title	FIL	ED
Name and Title:		2016 NOV 2 I	AM 7: 08
Address	Address:	SECTION	f.L. trans.
		IALLAHASSEL	FLORIDA
ADDICA DATA BECACONDO ACCIONO			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accounts)	eptable) of the registered agent	is:	
Name: GENEVIEWE WEINKLE			
Address: 2745 LAKE WORTH	₹₽		
LAKE WORTH, FL. 3	3461		
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:			
	14LE		
2745 60162 11/26	eth Rn		
Name: GEVENIEVE WEIA Address: 2745 LAILE WORK LAILE WORK, FL.	33461		
ARTICLE VIII EFFECTIVE DATE:			
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific a	. (OPT)	ONAL)	lave after the
filing.)	and cultion be more mail live	days prior or 20 d	ays and the
Note: If the date inserted in this block does not meet the a the document's effective date on the Department of State's		rements, this date v	vill not be listed as
Having been named as registered agent to accept service of this certificates. I am familiar with and accept the appointm			
* In hour		1	11/14/16
** Required Signature/Registered A	Agent		Date
I submit this document and affirm that the facts stated h	erein are true. I am aware th	at the false inform	ation submitted in a
document to the Department of State constitutes a third de	gree jeiony as proviaea jor in s	.61/.133, F.S.	1.1.
Required Signature/Incorporator		1/	Date