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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

V HERRING
FEB - 7 2017

# COVER LETTER

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

**SUBJECT:** West Gate Mobile Manor, 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: Earl Wallschleager / Linda Wallschleager
**Name (Printed or typed)**

7499- 46 Ave N Ofc
**Address**

St. Petersburg, FL 33709
**City, State & Zip**

727- 546- 3776
**Daytime Telephone number**

None
**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: West Gate Mobile Manor, Inc

***ARTICLE II PRINCIPAL OFFICE***

| Principal ~~street~~ address | Mailing address, if different is: |
|---|---|
| 7499-46 Ave N, Ofc | |
| St. Pete, FL 33709 | |

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is:

(1) To rent and sell Mobile homes and to perform all Matters relating to such and incidental thereto.
(2) To transact any other lawful business for which Corporations may be incorporated under FL General Cop. Act
(3) To do such other things as are incidental to the ~~following~~ foregoing or necessary or desirable in order to accomplish the foregoing.

***ARTICLE IV SHARES***
The number of shares of stock is: 5000

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

| | |
|---|---|
| Name and Title: Earl Wallschleager President | Name and Title: Linda Wallschleager Vice President |
| Address 7499-46 Ave N ofc | Address: same |
| St. Pete, FL 33709 | |
| Name and Title: | Name and Title: |
| Address | Address: |
| Name and Title: | Name and Title: |
| Address | Address: |

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Earl Wallschleager

Address: 7499 - 46 Ave N Ofc

St. Pete, FL 33709

***ARTICLE VII INCORPORATOR***

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

Name: Earl Wallschleager / Linda Wallschleager

Address: 7499 - 46 Ave N, Ofc

St. Pete, FL 33709

***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***

Earl Wallschleager (WG) — Jan 26-2017

Required Signature/Registered Agent — 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.***

Earl Wallschleager (WG) — Jan 26-2017

Required Signature/Incorporator — Date