

P17000011807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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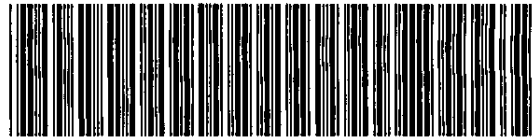
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB - 6 AM 9:39

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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 Wallschlaeger / Linda Wallschlaeger
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
- 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 Wallschlaeger

Name and Title: Linda Wallschlaeger

Address: President

Address: Vice President

7499-46 Ave N ofc

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

2017 FEB -6 AM 9:39

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: _____

Earl Wallischleger

Address: _____

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St. Pete, FL 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Earl Wallischleger / Linda Wallischleger

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 Wallischleger (WG)
Required Signature/Registered Agent

Jan 26-2017
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 Wallischleger (WG)
Required Signature/Incorporator

Jan 26-2017
Date