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SECREDARY OF STATE

# TRANSMITTAL LETTER

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: WINGATE STUDIOS, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$78.75

FROM: JOSEPH POTHEN

395 WINGATE CIRCLE OLDSMAR, FL 34677

## ARTICLES OF INCORPORATION

### WINGATE STUDIOS, INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural persons(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

The name of the corporation is:

#### WINGATE STUDIOS, INC.

#### **ARTICLES II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

#### **ARTICLES III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### ARTICLES IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares (100) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

#### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	JOSEPH POTHEN	
ADDRESS	395 WINGATE CIRCLE	
CITY	OLDSMAR, FL 34677	
The name and	street address of the Initial Registered Agent of this Corporation is:	
NAME	JOSEPH POTHEN	
ADDRESS	395 WINGATE CIRCLE	
CITY	OLDSMAR, FL 34677	<u> </u>
		iga Ma

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JOSEPH POTHEN		<del></del>		
ADDRESS	395 WINGATE CIRCLE				
CITY	OLDSMAR	STATE	FL	ZIP	34677
NAME					
ADDRESS					
CITY	14.4	STATE		ZIP	
NAME				<del></del>	
<u>ADDRESS</u>					
CITY		STATE		ZIP	
	ARTICLE VII – I	NCORPORATO	ORS		
The name(s) follows:	and addresses of the incorporato	ors signing these	e Articles o	of Incorp	oration are as
NAME	JOSEPH POTHEN	-1- <b></b>			
ADDRESS	395 WINGATE CIRCLE				
CITY	OLDSMAR	STATE	· FL	ZIP	34677
NAME	,		······		
ADDRESS					, , , , , , , , , , , , , , , , , , ,
CITY		STATE	APPR. 1	ZIP	
NAME					
		·			

IN WITNESS WHEREOF, the undersigned subscribe Incorporation this 11 day of April , 2017	er(s) have executed these Articles of
	(Seal)
	(Seal)
	(Seal)
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>	
before me, a Notary Public authorized to take acknowled above, personally appeared known to me and known foregoing Articles of Incorporation, and who acknow Articles of Incorporation.	to be the person(s) who executed the
IN WITNESS WHEREOF, I have hereunto affixed my aforesaid, this 19 day of April , 2017.	hand and seal, in the State and County
(Notary Public, State of Florida at Large)	ERIC J TOLIVER  Notary Public - State of Florida  Commission # FF 956818  My Comm. Expires Feb 2, 2020
My Commission expires: Feb 1, 2020	Jr