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TALLAHASSEE, FLORIDA



June 20, 2017

WAYNE CARRICK 1350 RIVER REACH DRIVE, SUITE 404 FT LAUDERDALE, FL 33315 US

SUBJECT: W.K. CAPITAL INVESTMENTS, INC.

Ref. Number: W17000051015

We have received your document for W.K. CAPITAL INVESTMENTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

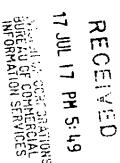
The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 617A00012430





## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 6, 2017

WAYNE CARRICK 1350 RIVER REACH DRIVE, SUITE 404 FT LAUDERDALE, FL 33315

SUBJECT: W.K. CAPITAL INVESTMENTS, INC.

Ref. Number: W17000047530

We have received your document for W.K. CAPITAL INVESTMENTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 717A00011314

DO DOV 6297 Tollohosson Florida 29214

ARTICLES OF INCORPORATION in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME  W. K. CAPITAL INVESTME	NTS INC.			
	PRINCIPAL OFFICE Principal street address EACH DR., SUITE 404	Mailing ad	Mailing address, if different is:		
FT LAUDERD	ALE, FL 33315				
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:	RATION OF GOODS AND A	ANY LEGAL BUSINESS		
	INITIAL OFFICERS AND/OR DIRECTORS		17 JUL 17 AM		
Name a	1350 DIVED DEACH DRIVE	Name and Title:Address:	10 22 20 22		
	SUITE 404				
	FL LAUDERDALE, FL 33315	-			
Name an	nd Title: KANARIA DIR YEGHYAIAN, SECRETA	Name and Title:			
Address	SUITE 404	Address:	<del>-</del>		
	FL LAUDERDALE, FL. 33315	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Name an		Name and Title:			
Address		Address:	<del></del>		
	SUITE 404				
	FL LAUDERDALE, FL 33315	<del></del>			

Name and	Title:	Name and Title:	<del></del>
Address	<del></del>	Address:	
	W-1		
			<del>-</del>
ARTICLE VI R The name and Flo	EGISTERED AGENT rida street address (P.O. Box NOT acceptable	u) of the registered agent is:	
Name;	Wayne PCARRICK		
Address:	1350 River Boach Dr.		
	FT Lauderdale F1 33	3 <u>1</u> 5	17
ARTICLE VII L	<u>NCORPORATOR</u>		ווער אוור אוור אוור אוור אוור אוור אוור אוו
The name and add	iress of the Incorporator is:		17
Name:	WAYNE CARRICK		
Address:	1350 RIVER REACH DR., SUITE 404		Fig. 5
	FT LAUDERDALE, FL 33315		22 Riba
Effective date, if o' (If an effective da	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cal	. (OPTIONAL)	ior or 90 days after the
Note: If the date in the document's effective to the document's effective the following the followin	ascreed in this block does not meet the applica ective date on the Department of State's recon-	ble statutory filing requirements, ds.	, this date will not be listed as
Having been name this certificate, I an	d as registered agent to accept service of pro- n familiar with and accept the appointment as	cess for the above stated corpora registered agent and agree to ac	ation at the place designated in et in this capacity
مِلْمَا	Required Signature/Registered Agent		5//7/// Date
I submit this document to the D	ment and affirm that the facts stated herein i	are true. I am aware that the fa-	lse information submitted in a
	epartment of State constitutes a thirld degree fe	uony as provided for in \$.817,155	5/17/17
Require	d Signature/Incorporator	••	Date