

PM 0000 70383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

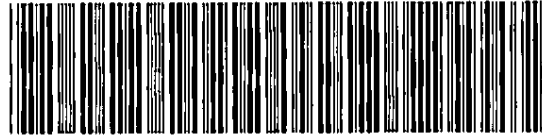
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SEC. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Wally's Quality Upholstery, 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

2017 AUG 22 11:39:02

FILED

FROM: Thomas R. Douglas
Name (Printed or typed)

5241 Crafts Street
Address

New Port Richey, FL 34652
City, State & Zip

727 848 7383
Daytime Telephone number

fritzbuzan@gmail.com
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

Wally's Quality Upholstery INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5241 Crafts Street

New Port Richey, FL 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Repair/Sew upholstery on
vehicles, furniture etc. for Business and general
public.

ARTICLE IV SHARES

100 K

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Thomas R. Douglas D,P</u>	Name and Title:	_____
Address	<u>5241 Crafts Street</u>	Address:	_____
	<u>New Port Richey, FL</u>		_____
	<u>34652</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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2017 AUG 22 11:30:02
CLERK OF DISTRICT COURT
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: Frederic F. Buzan
 Address: 5861 Calvert Ave
New Port Richey, FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas R. Douglas
 Address: 5905 Pine Street
New Port Richey, FL 34653

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 2017 AUG 22 11:3:02
 CLERK OF THE COURT
 HILLSBORO, FLORIDA

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

Frederic F. Buzan
 Required Signature/Registered Agent

8/22/2017
 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.

Thomas R. Douglas
 Required Signature/Incorporator

8-22-17
 Date