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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
RESTRING BY WILMA INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

N. SAMS

JAN 19 2018

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Help

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: RESTRING BY WILMA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8221 GLADES RD STE 203

BOCA RATON, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: general

FILED
18 JAN 18 PM 3:05
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILMA DE PAOLI PRES&DIR

Name and Title: _____

Address 8221 GLADES RD STE 203

Address: _____

BOCA RATON, FL 33434

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: WILMA DE PAOLI
Address: 8221 OLADES RD STB 203
BOCA RATON, FL 33434

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: WILMA DE PAOLI
Address: 8221 OLADES RD STB 203
BOCA RATON, FL 33434

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 business days prior or 90 business 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.

Wilma De Paoli

Required Signature/Registered Agent

1/17/2018

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. 817.159, F.S.

Wilma De Paoli

Required Signature/Incorporator

1/17/2018

Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 JAN 18 PM 3:06

FILED