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(Requestor's Name)

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☐ PICK-UP

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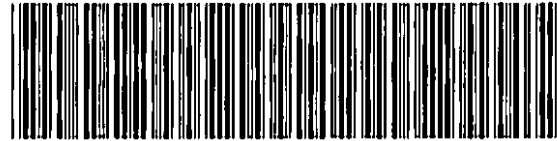
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 24 PM 2:20
TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

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2018 AUG 24 PM 2:43
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D O'KEEFE
AUG 24 2018

COVER LETTER

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

SUBJECT: _____

W D Produce, 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: _____

John R Webster III

Name (Printed or typed)

3149 N. W. 10th St

Address

Tallahassee, FL 32305

City, State & Zip

850 300 1619

Daytime Telephone number

JohnRWeb3@net2cro.net

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: WD Produce Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
21727 Crawfordville Rd #16
Tallahassee FL 32305

Mailing address, if different is:
4727 Crawfordville Rd #16
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Food, Produce

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Webster, manager Name and Title: _____
Address: 3184 Notre Dame St Address: _____
Tallahassee FL 32305

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

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

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TALLAHASSEE, 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: John R. Webster

Address: 3189 Melrose Drive St

Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Webster

Address: 4727 Crawfordville Rd #16

Tallahassee FL 32305

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/24/18 (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

John R. Webster
Required Signature/Registered Agent

8-24-18
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.

John R. Webster
Required Signature/Incorporator

8-24-18
Date