

P19000032527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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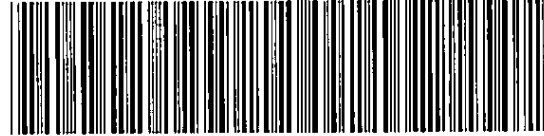
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 APR 18 PM 4:48

19 APR 18 PM 3:19
SECRETARY OF STATE
MASSACHUSETTS

FILED

APR 18 2019
C Kinsey

COVER LETTER

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

SUBJECT: WJG Investments 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: Jack Henri
Name (Printed or typed)
2000 N Meridian Rd Apt 305
Address
Tallahassee, FL 32303
City, State & Zip
(786)-853-2649
Daytime Telephone number
Jhenri26@yahoo.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

The name of the corporation shall be: WJG Investments Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2000 N Meridian Rd Apt 305
Tallahassee, FL, 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Investing

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willmore Stuart CEO Name and Title: Eugene Cole CFO

Address: 2403 Hartsfield Rd Tallahassee, FL Address: 217 White Drive Apt K7
32303 Tallahassee, FL, 32304

Name and Title: Jack Hens Secretary Name and Title: _____

Address: 2000 N Meridian Rd Apt 305 Address: _____
Tallahassee, FL, 32303

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: Jack Henri
Address: 2000 N Meridian Rd Apt 305
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jack Henri
Address: 2000 N Meridian Rd Apt 305
Tallahassee, FL 32303

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CLERK OF STATE
TALLAHASSEE, FL 32309

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

[Signature]
Required Signature/Registered Agent

4-18-19
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.

[Signature]
Required Signature/Incorporator

4-18-19
Date