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(Requestor's Name)

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(City/State/Zip/Phone #)

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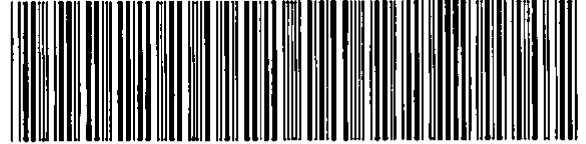
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG -9 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2019

K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 877290 7492237

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : August 9, 2019

ORDER TIME : 3:46 PM

ORDER NO. : 877290-005

CUSTOMER NO: 7492237

DOMESTIC FILING

NAME: WM-HD I, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: WM-HD I, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Douglas C. Peter

Name (Printed or typed)

11910 Greenville Avenue, Suite 400

Address

Dallas, TX 75243

City, State & Zip

214 860-6716

Daytime Telephone number

dpeter@lmlawyers.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: WM-HD I, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20 Community Place, 3rd Floor

Morristown, NJ 07960

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100 shares at no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Philip L. Richards, President

Name and Title: _____

Address 20 Community Place, 3rd Floor

Address: _____

Morristown, NJ 07960

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: Corporation Service Company _____

Address: 1201 Hays Street _____

Tallahassee, FL 32301 _____

ARTICLE VII INCORPORATOR

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

Name: Douglas C. Peter, Esq. _____

Address: 11910 Greenville Ave. Ste. 400 _____

Dallas, TX 75243 _____

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

Corporation Service Company

By: _____
Required Signature/Registered Agent

Harry B. Davis 8/9/19
Asst. Vice President 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.

Required Signature/Incorporator

August 9, 2019

_____ Date