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(Business Entity Name)

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FILED

19 AUG 19 PM 12:44

10 AUG 16 PM 12:52

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Wagner-Hohns-Inglis, Inc.

Signature

Requested by: SETH

08/15/19

Name

Date

Time

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

COVER LETTER

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

SUBJECT: WAGNER-HOHNS-INGLIS, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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PHILIP K. CLARKE, ESQ.

Name (printed or typed)

1505 N. FLORIDA AVE.

Address

TAMPA, FL 33602

City, State & Zip

(813) 229-0900 (Ext. 1305)

Daytime Telephone Number

eserviceclarke@kasslaw.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, ROBERT H. ROBINSON, JR., PRESIDENT,
(Name) (Title)

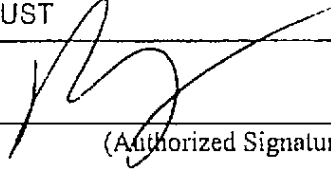
of WAGNER-HOHNS-INGLIS, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was November 30, 1970.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEW JERSEY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was WAGNER-HOHNS-INGLIS, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is WAGNER-HOHNS-INGLIS, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEW JERSEY.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of WAGNER-HOHNS-INGLIS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 9 day of AUGUST, 2019.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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19 AUG 19 PM 12:44

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

WAGNER-HOHNS-INGLIS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

37 N ORANGE AVE

37 N ORANGE AVE

ORLANDO, FL 32801

ORLANDO, FL 32801

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

All purposes permitted under Florida law.

FILED
19 AUG 19 PM 12
11:00 AM
11:00 AM

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 2,500 SHARES COMMON NO PAR.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

DIRECTOR/ROBERT H. ROBINSON, JR.

5474 RIVEREDGE DR

TITUSVILLE, FL 32780

Title/Name

Title/Name

DIRECTOR/AMON D. ACKLEY

802 AVALON RD

WINTER GARDEN, FL 34787

Title/Name

Title/Name

DIRECTOR/WILLIAM A. EPSTEIN

2706 TREYMORE DR

ORLANDO, FL 32825

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

PHILIP K. CLARKE, ESQ.

1505 N FLORIDA AVE

TAMPA, FL 33602

ARTICLE VII INCORPORATOR

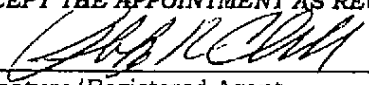
THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

PHILIP K. CLARKE, ESQ.


1505 N FLORIDA AVE

TAMPA, FL 33602

HAVING BEEN NAMED AS REGISTERED AGENT AND 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/Registered Agent

8/13/19
Date


Signature/Incorporator

8/13/19
Date

FILED
19 AUG 19 PM 12:45
TAMPA, FL 33602