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(Business Entity Name)

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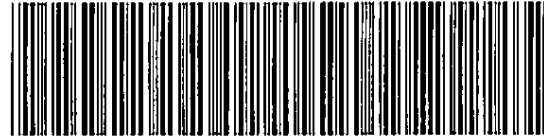
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ALLAHASSEE, FLORIDA

COVER LETTER

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

FILING CANCELLED
DUE TO RETURNED CHECK

SUBJECT:

D. Wilson Holdings I.N.C
(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:

Dextra Wilson

Name (Printed or typed)

513 Osceola St

Address

Tallahassee, FL 32301

City, State & Zip

229-201-0809

Daytime Telephone number

AguzsExchange@Icild.com

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

NOTE: Please provide the original and one copy of the articles.

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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: D. Wilson Holdings Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

513 Osceola St
Tallahassee, FL 32301

Mailing address, if different is:

P.O. Box 1062
Monticello, FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Profit

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2018 AUG 28 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dwight Wilson Pres Name and Title: Zzone Tell U.P & Sec

Address: 513 Osceola St Address: 513 Osceola St
Tallahassee, FL 32301 Tallahassee, FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILING CANCELLED
DUE TO RETURNED CHECK

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: Ztone D.A. Tell
Address: 513 Osceola St
Tallahassee, Fl. 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ben Foster
Address: P.O. Box 1063
Monticello, Fl. 32341

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2019 AUG 28 PM 3:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-23-2019 (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

Jeanne D.A. Tell
Required Signature/Registered Agent

8-23-19
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.

Ben Foster
Required Signature/Incorporator

8-23-19
Date