P19000073172

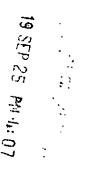
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

Office Use Only



400334999024

09/26/19--01004--013 **87.50





N CULLIGAN SEP 2 5 2019

COVER LETTER

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

SUBJECT:		OPEZ, INCORPORATED ATE NAME – <u>MUST INCL</u> I	IDE SUFFIX)		
Evalored are an original					
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	1 a check for:		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
		ADDITIONAL CO	- REQUIRED		
FROM:	HARRY MICHA				
	Name (Printed or typed) 1750 HUTCHINSON FERRY ROAD				
		Address			
	QUINCY, FLORIDA 32352-6619				
	City	. State & Zip			
	(850) 544-3932				
	Daytime 1	Telephone number	<u> </u>		
	hmikewright@gi	nail.com			
	E-mail address: (to be use	ed for future annual report r	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 corpora	tion shall be: WRIGHT A	ND LOPEZ, INCOM	RPORATED		
ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:		
1750 HUTCHINSON F	ERRY ROAD		SAME		
QUINCY, FLORIDA 3	2352-6619				
ARTICLE III PURPO The purpose for which t PROFIT.	OSE he corporation is organized is:	TO ENGAGE IN	ANY LEGAL AND L	AWFUL ACTIVITY FOR	
				28 28 28	
				28 T	
				25 25 888	
ARTICLE IV SHAR. The number of shares of ARTICLE V INITIA	stock is: 1,000 SHARLS AL OFFICERS AND/OR DIRE	ECTORS		15 T	
Name and Title	•	Nan	e and Title:		
Address	1750 HUTCHINSON FERRY	Add	ress:		
	QUINCY, FLORIDA 32352-	6619			
Name and Title	·	Nan	ne and Title:		
Address			ress:		
Name and Title	·	Nan_	ne and Title:		
Address		Add	ress:		

Name a	nd Title:	Name and Title:		
Address		Address:		
		<u> </u>		
	REGISTERED AGENT			
Name:	Florida street address (P.O. Box NOT acceptable) of HARRY M. WRIGHT	of the registered agent is:		
Address:	1750 HUTCHINSON FERRY ROAD	_	ريا دري (دري	
	QUINCY, FLORIDA 32352-6619	_	ZEIS SEP	
	NICORDOR (TOP		SEP 25 PM 4: 15	
	<u>INCORPORATOR</u>			
The name and a	address of the Incorporator is:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Name:	HARRY M. WRIGHT	_	35	
Address:	1750 HUTCHINSON FERRY ROAD	_		
	QUINCY, FLORIDA 32352-6619	_		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot	25, 2019 . (OPTIONA of be more than five days	AL) s prior or 90 days after the	
	te inserted in this block does not meet the applicable effective date on the Department of State's records.		ents, this date will not be listed as	
	imed as refistered agent to accept service of proces I am famillar with any accept the appointment as re			
	Land Milling		SEPTEMBER 25, 2019	
	Required Signature/Registered Agent		Date	
	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felo			
	Hand Mylingho		SEPTEMBER 25, 2019	
Regi	uirell Signature/Incorporator		Date	