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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (514)280-3338

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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ongress Park Drive	Principal street address		
ongress Park Drive		Mailing ad	ldress, if different is
	, Suite 140	n/a	
Beach, FL 33445			
CLE III PURPO: rpose for which the	E corporation is organized is: Any and alt la-	wful business.	
			·-
amber of shares of s	ttock is:		
CLE V <u>INITIA</u>	L OFFICERS AND/OR DIRECTORS		
umber of shares of s CLE V JNITIA Name and Title	L OFFICERS AND/OR DIRECTORS Ufuk Tukel, Co-President/ Director	Name and Title:	
omber of shares of s CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Ufuk Tukel, Co-President/ Director	Name and Title:	
omber of shares of s CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Ufuk Tukel, Co-President/ Director 932 Iris Drive	Name and Title:	
onnber of shares of s CLE V INITIA Name and Title Address	Ufuk Tukel, Co-President/ Director 932 Iris Drive Delray Beach, FL 33483	Name and Title:	
onnber of shares of some of some and Title Address Name and Title	Ufuk Tukel, Co-President/ Director 932 Iris Drive Delray Beach, FL 33483	Name and Title:	
onnber of shares of s CLE V INITIA Name and Title Address	Ufuk Tukel, Co-President/ Director 932 Iris Drive Delray Beach, FL 33483 Donald F. Walker, Jr., Co-President/ Director	Name and Title: Name and Title:	
onnber of shares of some of some and Title Address Name and Title	Ufuk Tukel, Co-President/ Director 932 Iris Drive Delray Beach, FL 33483 Donald F. Walker, Jr., Co-President/ Director	Name and Title: Name and Title:	
CLE V INITIA Name and Title Address Name and Title: Address	Ufuk Tukel, Co-President/ Director 932 Iris Drive Delray Beach, FL 33483 Donald F. Walker, Jr., Co-President/ Director	Name and Title: Name and Title: Address:	

Date

Name and Title:		Name and Title:		
Address		Addressi	 	
	REGISTERED AGENT			
The name and F	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name: CT Corporation System		_		
Address:	1200 South Pine Island Road			
	Plantation, Florida 33324	 '		
<u>ARTICLE VII</u>	INCORPORATOR			
The <u>name and a</u>	detress of the Incorporator is:			
Name:	Nicholas Higgins, Esq.	_		
Address:	Bernstein Shur, PO Box 9729	_		
	Portland, ME 04104-5029			
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	. (OPTION)	ΔÍTN	
(If an effective of filings)	date is listed, the date must be specific and cann	ot be more than five days	s prior or 90 days after the	
	e inserted in this block does not meet the applicable iffective date on the Department of State's records		ents, this date will not be listed as	
Having been na this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re-	is for the above stated corp gistered agent and agree to Morrow more	poration at the place designated (to act in this capacity	
	On A VICE P		10/21/2019	
1/6	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein an Department of State constitutes a third degree felo			
	\times \leftarrow \leftarrow \leftarrow		10/21/2019	