

P.9000081392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

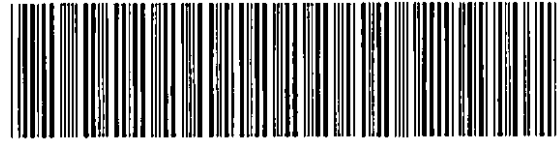
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2019 NOV -1 PM 3:36  
SECRETARY OF STATE  
ATTORNEY GENERAL  
FLOPPY

## COVER LETTER

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

SUBJECT: WOODPIMP CREATIONS 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: John Hurst  
Name (Printed or typed)

100 LAURELWOOD ST.  
Address

Wewahitchka FL 32465  
City, State & Zip

850 227 6645  
Daytime Telephone number

JohnWHurstInc@gmail.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: WOODPIMP CREATIONS Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 LAURELWOOD ST

WEWAHITCHKA FL 32465

100 LAURELWOOD ST

WEWAHITCHKA FL 32465

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CUSTOM WOODWORK

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN HORST President Name and Title: \_\_\_\_\_

Address: 100 LAURELWOOD ST Address: \_\_\_\_\_

WEWAHITCHKA FL  
32465

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
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: John Horst

Address: 100 LAURELWOOD ST  
WEWAHITCHKA FL 32465

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Horst

Address: 100 LAURELWOOD ST  
WEWAHITCHKA FL 32465

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-1-2019 (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

John Horst  
Required Signature/Registered Agent

11-1-19  
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.

John Horst  
Required Signature/Incorporator

11-1-19  
Date

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TALLAHASSEE, FLORIDA