

P19000084185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

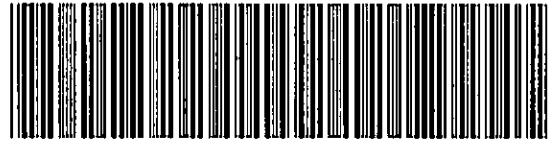
(Document Number)

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

Special Instructions to Filing Officer:

W19000085132

Office Use Only



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2019 NOV 12 AM 8:53

50.50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2019

MICHAEL WALRATH  
250 NW 23RD ST./SUITE 306  
MIAMI, FL 33127

SUBJECT: FINN-O-VATION, INC.  
Ref. Number: W19000085132

We have received your document for FINN-O-VATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 719A00019455

REC  
2019 NOV 1 11:06 AM  
80-2-08

## COVER LETTER

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

**SUBJECT:** FINN-O-VATION, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Michael Walrath

\_\_\_\_\_  
Name (Printed or typed)

250 NW 23rd St. /Suite 306

\_\_\_\_\_  
Address

Miami, FL 33127

\_\_\_\_\_  
City, State & Zip

786-332-6855

\_\_\_\_\_  
Daytime Telephone number

michael@walrathlaw.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: FINN-O-VATION, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

250 NW 23rd St./Suite306

Miami, FL 33127

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all legal business

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Walrath, President

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

Address 250 NW 23rd St/ Suite 306

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

Miami, FL 33127

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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FILED

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: Michael Waltrath ESQ \_\_\_\_\_

Address: 250 NW 23rd St/ Suite 306 \_\_\_\_\_

Miami, FL 33127 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ~~FINNOVATION, INC.~~ MICHAEL D. WALRATH, ESQ \_\_\_\_\_

Address: 250 NW 23rd St/ Suite 306 \_\_\_\_\_

Miami, FL 33127 \_\_\_\_\_

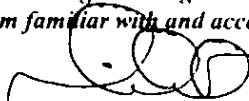
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

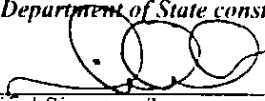


\_\_\_\_\_  
Required Signature/Registered Agent

09/09/19

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

09/09/19

\_\_\_\_\_  
Date