P20000020257

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special mentions to 1 ming officer.

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2020 APR -6 AM 11: 04
SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGANI APR 7 2020

COVER LETTER

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

SUBJECT:	WGH Company I, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Dr. Gregory Fox	e (Printed or typed)	
_	6090 Bird Road		
-		Address	
	Miami, FI. 33155 City, State & Zip		
	305-498-0070		
-	Daytime Telephone number		
_	powerplay4@aol.com	16.6	
	E-mail address: (to be used	1 for tuture annual report n	otification)

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

COVER LETTER

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

SUBJECT:

WGH Company I, Inc.

	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
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□ \$70.00 Filing Fe	· · · · · · · ·	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:		e (Printed or typed)	
	6090 Bird Road		
•		Address	
	Miami, FL 33155		
	City, State & Zip		
	305-498-0070		
	Daytime 1	elephone number	
_	powerplay4@aol.com		
	E-mail address: (to be used for future annual report notification)		

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



April 3, 2020

GREENBERG TRAURIG, P.A. 101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301

SUBJECT: WGH COMPANY I, INC. Ref. Number: W20000034714

We have received your document for WGH COMPANY I, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the address of the Registered Agent.

You must list at least one incorporator with a complete business street address.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 120A00007224

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

ARTICLE I NAME WGH Comparation shall be:	any I, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
Fillerpar street address	-
2500 SW 75th Ave.	
Miami, Florida 33155	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized	is:
Any and all lawful business	SECFIETARY OF STATE TALLAHASSEE, FL
	-6 AMI
	SSO A
	- S = -
	m
ARTICLE V INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
<u></u>	

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Name	and Title:	Name and Title:	
Addre	rss	Address:	
		 	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	la) of the environment on the	(0, 03
Name:	C T CORPORATION SYSTEM	ie) of the registered agent is:	TA TA
Address:	1200 Pine Island Road	•	APR LLA
Addiess,	Plantation, FL 33324		R-6 AMII TARY OF S AHASSEE
<u>ARTICLE VII</u>	INCORPORATOR		AM II: 04 OF STAT SEE, FL
The name and	address of the Incorporator is:		L SLE
Name:	Dr. Gregory Fox		
Address:	2500 SW 7th Ave		
7100,032.	Miami, Florida 33155		
Effective date, i (If an effective filing.) Note: If the date	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and countered in this block does not meet the applic effective date on the Department of State's reco	annot be more than five days prior or 90 able statutory fifing requirements, this date	-
Having been na certificate, I am	med as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporation at the pi istered agent and agree to act in this capact	ace designated in this ty
(Arengers + m)	and by	03/2	25/2020
Madonna Cu	Required Signature/Registered Agent ddiny. Assisant Secretary cument and affirm that the facts stated herein		Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false inform elony as provided for in s.817.155, F.S.	nation submitted in a
	6	र	hilas
Required Signat	ure/Incorporator	Date	