

P20000030755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

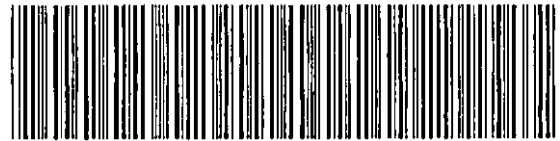
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/23/20--01017--001 **70.00

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2020 APR 22 AM 11:38
SERIAL 1000000
TALLAHASSEE, FL 32301

APR 23 2020

County

Date: 03/12/2020

To the Division of Corporations:

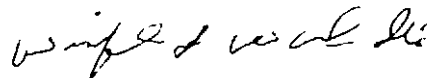
Reference: WARD HOMES & CONSTRUCTION SERVICES, INC FL DOC # P15000011266

Dear Department,

It has come to my attention that my company's annual report has not been filed and my company has been dissolved. As the owner of WARD HOMES & CONSTRUCTION SERVICES, INC I would like to at this time release my document number P15000011266

I am enclosing a new set of articles to be filed with the state. Thank you in advance with your help in this matter.

Regards:



WINFRED L. WARD

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COVER LETTER

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

SUBJECT: WARD HOMES & CONSTRUCTION SERVICES, 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	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: WINFRED L WARD SR.
Name (Printed or typed)

1828 PALMDALE CT
Address

City, State & Zip

Daytime Telephone number _____

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: WARD HOMES & CONSTRUCTION SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1828 PALMDALE CT
FORT MYERS, FL 33916

Mailing address, if different is:

1828 PALMDALE CT
FORT MYERS, FL 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL USE

ARTICLE IV SHARES

The number of shares of stock is 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WINFRED L WARD, SR P/T

Address: 1828 PALMDALE CT
FORT MYERS, FL 333916

Name and Title: OZELLA WARD S/V

Address: 1828 PALMDALE CT
FORT MYERS, FL 33916

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FORT MYERS, FL

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: WINFRED L. WARD, SR.
Address: 1828 PALMDALE CT
FORT, MYERS, FL 33916

ARTICLE VII INCORPORATOR

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

Name: WINFRED L. WARD, SR.
Address: 1828 PALMDALE CT
FORT MYERS, FL 33916

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

Winfred L. Ward Sr.
Required Signature/Registered Agent

3/21/20
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.

Winfred L. Ward Sr.
Required Signature/Incorporator

3/21/20
Date