

P2000059901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

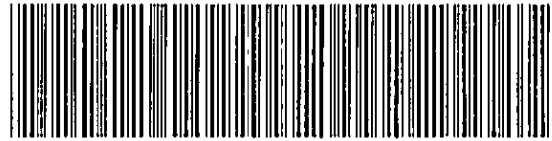
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/07/20--01013--006 \*\*78.75

2020 AUG -7 PM 1:31

2020 AUG -7 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

AUG 11 2020

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WSCALP INC

Signature \_\_\_\_\_

Requested by: Seth

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

X

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

X

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

## COVER LETTER

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

SUBJECT: WSCALP 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: EMANUELLE OLIVEIRA - CSG CAPITAL SERVICES GROUP INC

Name (Printed or typed)

1191 E NEWPORT CENTER DRIVE SUITE 103

Address

DEERFIELD BCH, FL 33442

City, State & Zip

954.427.4770

Daytime Telephone number

EMANUELLE@THEWAYGROUP.BIZ

E-mail address: (to be used for future annual report notification)

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

FILED

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

2020 AUG -7 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: WSCALP INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6830 NW 73RD ST  
PARKLAND, FL 33067

SAME AS PRINCIPAL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

HAIR RESTAURATION CLINIC, SCALP MICRO PIGMENTATION,

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRESIDENT/DIRECTOR Name and Title: \_\_\_\_\_

Address WARLEY SILVA Address: \_\_\_\_\_

SAME ADDRESS AS PRINCIPAL

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

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

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

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

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: CSG CAPITAL SERVICES GROUP INC - MARCOS REZENDE  
Address: 1191 E NEWPORT CENTER DRIVE SUITE 103  
DEERFIELD BCH, FL 33442

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WARLEY SILVA  
Address: SAME ADDRESS AS PRINCIPAL  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

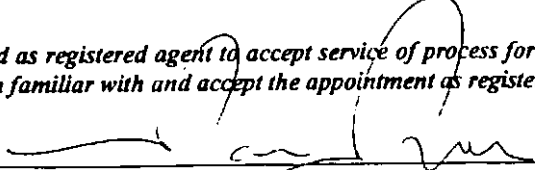
**ARTICLE VIII EFFECTIVE DATE:**

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

08/07/20

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

/S/ WARLEY SILVA  
\_\_\_\_\_  
Required Signature/Incorporator

08/07/20

\_\_\_\_\_  
Date