11/9/2020 Division of Corporations

P20000088318

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
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From:
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Account Number : FCA000000023
Phone : (614)280-3338
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Please keep original filing date of 11/9/2020.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
FRITZ WAGOR PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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J Horn 11/16/2

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: FRITZ WAGOR PA

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

8920 SW 199th Street

Cutler Bay, FL 33157

Mailing address, if different is:

8920 SW 199th Street

Cutler Bay, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

Real estate closings

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fritz Wagor, President

Address 8920 SW 199th Street

Cutler Bay, FL 33157

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Fritz Wagor

Address: 8920 SW 199th Street

Cutler Bay, FL 33157

ARTICLE VII INCORPORATOR

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

Name: Fritz Wagor

Address: 8920 SW 199th Street

Cutler Bay, FL 33157

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

_____ 11/9/2020

Required Signature/Registered Agent 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.

_____ 11/9/2020

Required Signature/Incorporator Date