

P20000091750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

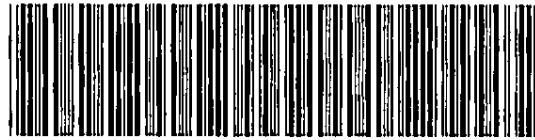
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600354387656

11/02/20--01036--015 **70.00

RECEIVED
NOV -2 4 10:30
2020

Inc
12/17/20

~~October~~ 23, 2020

Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern.

I, Mark Smith, am the legal owner of Hamstead Wayne Training, Inc, Document #
P11000101514.

I have not intentions of reinstating this corporation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Smith', written over a horizontal line.

Mark Smith

2020 NOV -2 AM 10:31

2020 DEC -1 PM 2:42

COVER LETTER

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

SUBJECT: Hamstead Wayne Training, 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: Mark Smith
Name (Printed or typed)

12620 Vista Isles Drive. #1021
Address

Sunrise, FL 33325
City, State & Zip

954-688-7922
Daytime Telephone number

markwaynesmith@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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: Mark Smith
Address: 12620 Vista Isles Drive, #1021
Sunrise, FL 33325

ARTICLE VII INCORPORATOR

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

Name: Mark Smith
Address: 12620 Vista Isles Drive, #1021
Sunrise, FL 33325

FILED
NOV - 2 AM 10:36
2020

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

10/23/2020
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

10/23/2020
Date

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: Hamstead Wayne Training, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

12620 Vista Isles Drive, #1021
Sunrise, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I CAN CONDUCT ANY AND
LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares \$1 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Smith, Director

Name and Title: _____

Address 12620 Vista Isles Drive, #1021
Sunrise, FL 33325

Address: _____

Name and Title: Mark Smith, P, VP, Sec, Treas.

Name and Title: _____

Address 12620 Vista Isles Drive, #1021
Sunrise, FL 33325

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____