

P26 00050186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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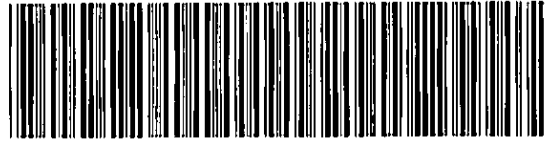
(Business Entity Name)

(Document Number)

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2021 MAY 26 PM 3:00  
21 MAY 26 PM 3:03  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

D O'KEEFE  
MAY 26 2021

## COVER LETTER

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

SUBJECT: WLB Global Imports 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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: WLB Global Imports Inc  
Name (Printed or typed)

4044 Ailanthus Ct  
Address

Tallahassee, FL 32305  
City, State & Zip

(850) 404-9340  
Daytime Telephone number

WLB Global imports@gmail.com  
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: WLB Global Imports Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
4044 Ailanthus Ct  
Tallahassee, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wholesale Imports and Supply

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: W CEO Walter Brum Name and Title: \_\_\_\_\_  
Address: 4044 Ailanthus Ct Address: \_\_\_\_\_  
Tallahassee, FL 32305

Name and Title: Sheldon Richardson Vice President Name and Title: \_\_\_\_\_  
Address: 2775 Cathedral Dr Address: \_\_\_\_\_  
Tallahassee FL 32310

Name and Title: Amanda Love Secretary Name and Title: \_\_\_\_\_  
Address: 1920 Trapnell St Address: \_\_\_\_\_  
Tallahassee, FL 32310

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Walter Brown  
Address: 4044 Allanthus Ct  
Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

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

Name: Walter Brown  
Address: 4044 Allanthus Ct  
Tallahassee, FL 32305

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**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*

Walter Brown Required Signature/Registered Agent 5/26/21 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.*

Walter Brown Required Signature/Incorporator 5/26/21 Date