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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email	Address:			



## FLORIDA PROFIT/NON PROFIT CORPORATION WMP HOLDINGS, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

WMP Holdings, Inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
13423 SW 66 Terrace	
Miami, FL 33183	
ARTICLE III SHARES: The number of shares of stock is: (D())	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	_
Wilfredo R. Padron/President/Teasurer	- C
Maritza Padron/V.P/Secretary	,
	- r\ 
	- ~
	-
	-
The name and Florida street address (PO Para at a second block)	
The name and Florida street address (PO Box not acceptable) of the registered agent	is:
Maritza Padron	
13423 SW 66 Теггасе	
Miami, FL 33183	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator i	s:
Maritza Padron	
13423 SW 66 Теггасе	•
Miami, FL 33183	

## Required Signatures:

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

Martine Pachon 18/18/2021
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.

Incorporator 10/18/202/