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	(Requestor's Name)
	(Address)
	(Address)
	(Crty/State/Zip/Phone #)
	(Only) Charles Ziph Hone #/
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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1. 2/23/22

CORPORATE

When you need ACCESS to the world

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ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

	PICK UP:	2/22 Glinda
	CERTIFIED COPY	
xx	РНОТОСОРУ	
	CUS	
xx	FILING	
1.	WKT 420 INC	
	(CORPORATE NAME AND DOCUMENT #)	
2.	(CORPORATE NAME AND DOCUMENT #)	
	(CONTONALLY MAINTAINS BOOCHMANN)	
3.	(CORPORATE NAME AND DOCUMENT #)	
4.		
	(CORPORATE NAME AND DOCUMENT #)	
5.	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	
6.	(CORPORATE NAME AND DOCUMENT #)	
SPECIA INSTRU	AL JCTIONS:	

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

RTICLE 1 NAME the name of the corporati	on shall be:	WKT 420	INC					
TICLE II PRINC	PAL OFFICE	Principal street	address		Mailing address.	if different is:		
1302 N MAIN :	ST	#1212	_	····				_
GAINESVIL	LE, FL 326	01	<u>-</u>					_
RTICLE III PURPO ne purpose for which th	<u>SE</u> e corporation is	organized is:	Any law	ful purpose				_
							2022	SEC
	<u></u>					<u>-</u>	833	-22E.i.
							322	ARY TRY
	·						3	–ႏွ် ငှု င်
RTICLE IV SHARE the number of shares of s	<u> </u>						æ: 30	F STATE
Name and Title		<i>ND/OR DIRECT</i> MAL - PRESID		Name and Titl	e:			_
Address	4009 NW CC	LONIAL GLEN	<u> </u>	Address:			-	_
	LAKE CITY,	FL 32055						_
Name and Title:				Name and Titl	e:			_
Address	<u></u>			Address:			-	_
								_
Name and Title:				Name and Tit	le:			_
Address	· · · · · · · · · · · · · · · · · · ·			Address:				-
								-

Name and	d Title:	Name and Title:		
Address		Address:		
				
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	WAMIQ KAMAL			
Address:	4009 NW COLONIAL GLEN	<u></u>		
	LAKE CITY, FL 32055	2022		
		FEB		
	<u>INCORPORATOR</u>	22		
The name and ad	idress of the Incorporator is:	P		
Name:	WAMIQ KAMAL	<u> </u>		
Address:	4009 NW COLONIAL GLEN	30		
	LAKE CITY, FL 32055	-		
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if (If an effective d	other than the date of filing:ate is listed, the date must be specific and ca	nnot be more than five days prior or 90 days after the		
filing.)				
Note: If the date the document's e	inserted in this block does not meet the application of the Department of State's reconstruction.	ble statutory filing requirements, this date will not be listed a ds.		
Having been nan certificate, I am f	sed as registered agent to accept service of proce amiliar with and accept the appointment as regi	ss for the above stated corporation at the place designated in this stered agent and agree to act in this capacity		
Warri	a Kanual _	02/22/22		
	Required Signature/Registered Agent	Date		
I submit this doc	nument and affirm that the facts stated herein Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.		
aocument to the	pepulinem of come commence a min = 8,000 }-			

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