

3/15/22, 9:34 AM

Division of Corporations

**P2200019742**

Florida Department of State  
Division of Corporations  
Electronic Filings Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**WSM PLUMBING INC**

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$87.50

2021 MAR 15 PM 5:49

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**COVER LETTER**

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

**SUBJECT: WSM PLUMBING 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: LICENSES ETC**  
Name (Printed or typed)  
  
**27911 CROWN LAKE BLVD, SUITE #211**  
Address  
  
**BONITA SPRINGS, FL 34135**  
City, State & Zip  
  
**(239) 777-1028**  
Daytime Telephone number  
  
**SUPPORT@LICENSESETC.COM**  
E-mail address: (to be used for future annual report notification)

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

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**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: WSM PLUMBING INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7636 OAKBORO DRIVE7636 OAKBORO DRIVELAKE WORTH, FL 33467LAKE WORTH, FL 33467**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

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**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WESLEYSSON DE SOUSA MOREIRA, P

Name and Title: \_\_\_\_\_

Address 7636 OAKBORO DRIVE

Address: \_\_\_\_\_

LAKE WORTH, FL 33467

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

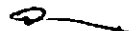
\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: WESLEYSSON DE SOUSA MOREIRAAddress: 7636 OAKBORO DRIVELAKE WORTH, FL 33467**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: WESLEYSSON DE SOUSA MOREIRAAddress: 7636 OAKBORO DRIVELAKE WORTH, FL 33467**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 Agent03/15/2022\_\_\_\_\_  
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/Incorporator03/15/2022\_\_\_\_\_  
Date

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