

P22000047605

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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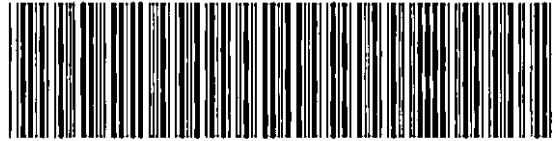
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FL

22-77-200



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2022

WALESKA HERNANDEZ
673 MAR INDICO STREET
DORADO, PR 00646,

SUBJECT: WHC HOLDINGS INC
Ref. Number: W22000077297

We have received your document for WHC HOLDINGS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000463819.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 022A00012960

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **WHC HOLDINGS 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: **WALESKA HERNANDEZ**

Name (Printed or typed)

PASEO LOS CORALES I, 673 MAR INDICO STREET

Address

DORADO, PR 00646

City, State & Zip

787-363-7299

Daytime Telephone number

WALEHC07@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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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: WALEHER ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

PASEO LOS CORALES I, 673 MAR INDICO STREET

DORADO, PR 00646

Mailing address, if different is:

PASEO LOS CORALES I, 673 MAR INDICO STREET

DORADO, PR 00646

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALESKA HERNANDEZ, P

Name and Title: _____

Address: PASEO LOS CORALES I, 673 MAR INDICO STREET

Address: _____

DORADO, PR 00646

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF COURT
JULIA A. VASQUEZ

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: LESBIA SEGURA

Address: 3203 S ORANGE BLOSSOM TRAIL #206

KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

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

Name: LESBIA SEGURA

Address: 3203 S ORANGE BLOSSOM TRAIL #206

KISSIMMEE, FL 34746


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 9, 2022. (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.

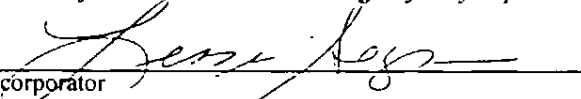
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

06/09/2022

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/Incorporator

06/09/2022

Date

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DEPT. OF STATE
TALLAHASSEE, FLORIDA