

10/4/22, 9:14 AM

Division of Corporations

P22000076511

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: KRH@KENHIGGINS CPA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

WHR Associates, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2022 OCT -4 AM 10:20

2022 OCT -4 AM 10:20

2022 OCT -4 PM 2:12

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: WHR Associates, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
5025-B Wrightsville Avenue
Wilmington, NC 28403Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

_____**ARTICLE IV SHARES**The number of shares of stock is: 200 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Veronica Lake - President/Director Name and Title: _____Address: 5025-B Wrightsville Avenue Address: _____
Wilmington, NC 28403 _____

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 AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Hubco Registered Agent Services, Inc.
Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Veronica Lake
Address: 5025-B Wrightsville Avenue
Wilmington, NC 28403

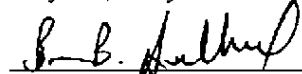
ARTICLE VIII EFFECTIVE DATE:

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 Agent

October 3, 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.

DocuSigned by
Veronica Lake
20240627EBC6AC1
Required Signature/Incorporator

October 3, 2022

Date

2022 OCT -4 PM 2:12
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED