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To:

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

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

Email Address: INFO@GESTAXACCT.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
WM CONTRACTOR GROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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T. SCOTT

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COVER LETTER

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

SUBJECT: WM CONTRACTOR GROUP CORP
(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: JULIANA MACHADO
Name (Printed or typed)
11764 W SAPLE RD STE 102
Address
CORAL SPRINGS, FL 33065
City, State & Zip
754-301-2128
Daytime Telephone number
INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

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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: WM CONTRACTOR GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

9273 SW 8TH ST APT 423

BOCA RATON, FL 33428

Mailing address, if different is:

9273 SW 8TH ST APT 423

BOCA RATON, FL 33428

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WENDELL RAUL DOS SANTOS, President

Name and Title:

Address

9273 SW 8TH ST APT 423

Address:

BOCA RATON, FL 33428

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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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: WENDELL RAUL DOS SANTOS
Address: 9273 SW 8TH ST APT 423
BOCA RATON, FL 33428

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: WENDELL RAUL DOS SANTOS
Address: 9273 SW 8TH ST APT 423
BOCA RATON, FL 33428

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

11.18.22
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.817.133, F.S.