

P23000017565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

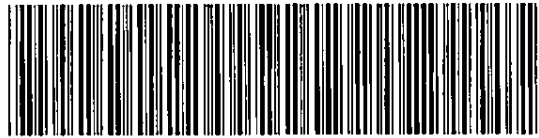
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
MAR - 8 '2023

2023 MAR - 7 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2023 MAR - 7 PM 3:00
ALLAHASSEE, FL

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TR Wade Enterprises Corp

Please Debit 120000000257 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

174 - Pender's Printing - Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ UCC 1 or 3 File _____
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____ Courier _____

COVER LETTER

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

SUBJECT: TR Wade Enterprises 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: Rodney Wade
Name (Printed or typed)

7503 N. Florida Avenue
Address

Citrus Springs, FL 34434
City, State & Zip

(321) 307-1959
Daytime Telephone number

rodneywd63@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: TR Wade Enterprises Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

7503 N. Florida Avenue
Citrus Springs, FL 34434

Mailing address, if different is:

7503 N. Florida Avenue
Citrus Springs, FL 34434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all laswful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodney Wade, President

Address 7503 N. Florida Avenue
Citrus Springs, FL 34434

Name and Title: Teresa Wade, Vice President

Address: 7503 N. Florida Avenue
Citrus Springs, FL 34434

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
FLORIDA

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: CARMAN LAW FIRM, P.A.

Address: 5301 N Federal Hwy, Suite #160

Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

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

Name: Rodney Wade

Address: 7503 N. Florida Avenue

Citrus Springs, FL 34434

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

Deborah A. Carman

3/6/2023

Required Signature/Registered Agent

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.

Rodney Wade

2/23/2023

Required Signature/Incorporator

Date

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TALLAHASSEE, FL