

PA3000033483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

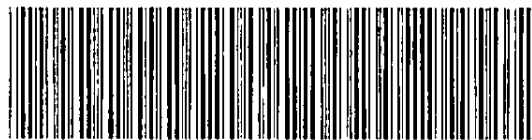
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer.

Office Use Only



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*PA*  
*4/28/23*

FILED

2023 APR 27 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 APR 27 PM 2:55

STATE OF FLORIDA

*45*

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
  
850.656.7953

**REQUEST DATE** 4/27/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1143104

**ORDER ENTITY**  
W & A AUTO SUPPLY, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**W & A AUTO SUPPLY, INC. ( FL )**

New corp filing

**NOTES:**

\$70.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: W & A Auto Supply, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1820 Lake Worth Rd Lake Worth, FL 33461

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Wendell Pena Director

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

Address 1820 Lake Worth Rd

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

Lake Worth, FL 33461

Director

Name and Title: Andres Felipe Arcila Arroyave

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

Address 1820 Lake Worth Rd

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

Lake Worth, FL 33461

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: Wendal Pena  
Address: 1820 Lake Worth Rd  
Lake Worth, FL 33461

**ARTICLE VII INCORPORATOR**

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

Name: Tiffiney Lomax  
Address: 7801 Folsom Blvd #202  
Sacramento, CA 95826

**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*

/s/Wendal Pena 4/10/2023  
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.*

/s/Tiffiney Lomax 4/10/2023  
Required Signature/Incorporator Date

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TALLAHASSEE, FL