

P23000053347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

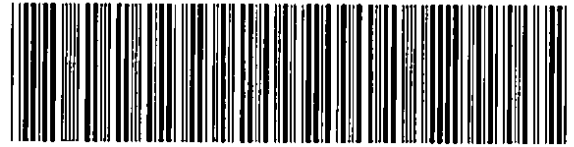
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12:11

ALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@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  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 7/18/2023

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1166053

**ORDER ENTITY**

ORLANDO WQ DEVELOPMENT II CORP.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

ORLANDO WQ DEVELOPMENT II CORP. ( 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 over a horizontal line.

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.

## COVER LETTER

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

**SUBJECT:** Orlando WQ Development II 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:** Anthony Carll  
\_\_\_\_\_  
Name (Printed or typed)  
  
7593 Gathering Drive  
\_\_\_\_\_  
Address  
  
Kissimmee, FL 34747  
\_\_\_\_\_  
City, State & Zip  
  
407-662-1089  
\_\_\_\_\_  
Daytime Telephone number  
  
acarll@reunionresort.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: Orlando WQ Development II Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
7593 Gathering Drive  
Kissimmee, FL 34747Mailing address, if different is:  
400 Curie Drive  
Suite C  
Alpharetta, GA 30005**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: Ping Wang, PresidentAddress: 400 Curie DriveSuite CAlpharetta, Georgia 30005Name and Title: Anthony Carll, Vice PresidentAddress: 7593 Gathering DriveKissimmee, Florida 34747

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

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

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

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

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

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

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

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

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: Anthony W. Carl  
Address: 7593 Gathering Drive  
Kissimmee, FL 34747

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kevin Caiaccio  
Address: 191 Peachtree St. NE, Ste. 2600  
Atlanta, GA 30303

**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*

By: \_\_\_\_\_

Required Signature/Registered Agent

Date 7/14/23

*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:

Kevin Caiaccio  
Required Signature/Incorporator

7/17/2023

Date \_\_\_\_\_

2023 JUL 17 PM 12:11  
CAIACCIO