

P24000025102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

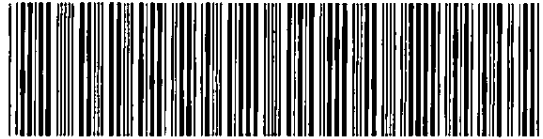
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300418434233

S. CHATHAM
APR 11 2024

04/11/24--01001--012 **70.00

FILED

RECEIVED

2024 APR 11 PM 2:01

2024 APR 11 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: BROOK 4/10

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

INC

1. **WPLS INVESTMENT CORPORATION**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: WPLS Investment Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

333 Spanish Creek Drive, Ponte Vedra, FL 32081

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal business

ARTICLE IV SHARES

10,000,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Glenn Saunders, Sect/Treas/Dir Name and Title: _____

Address 333 Spanish Creek Drive Address: _____

Ponte Vedra, FL 32081

Name and Title: Erin W. Saunders, Pres/Director Name and Title: _____

Address 333 Spanish Creek Drive Address: _____

Ponte Vedra, FL 32081

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2024 APR 11 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL

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: Steven Glenn Saunders

Address: 333 Spanish Creek Drive, Ponte Vedra, FL 32081

ARTICLE VII INCORPORATOR

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

Name: Steven Glenn Saunders

Address: 333 Spanish Creek Drive, Ponte Vedra, FL 32081

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

Steven Glenn Saunders

SIGNATURE

4/10/2024

Required Signature/Registered Agent Steven Glenn Saunders

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.

Steven Glenn Saunders

SIGNATURE

4/10/2024

Required Signature/Incorporator Steven Glenn Saunders

Date

FILED
2024 APR 11 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL