

P24000027233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

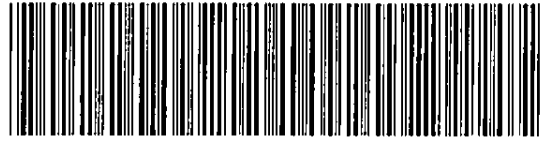
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400427536204

04/19/24--01004--024 •\$70.00

RECEIVED  
2024 APR 19 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2024 APR 19 AM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Warren Unilube Inc  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Torianna Bush  
Name (Printed or typed)

5439 Clarcona Key Blvd 808  
Address

Orlando, FL 32818  
City, State & Zip

407-535-6541  
Daytime Telephone number

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

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

I Javarious Harrison owner of Warren Unilube Inc  
give permission to Torianra Bush to use my ~~business~~  
name and document number P24000025663

Javarious Harrison

Jim Ham

FILED  
2024 APR 19 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Warren Unilbce inc

**ARTICLE II PRINCIPAL OFFICE**

5439 Principal street address  
Claracona Key Blvd  
Orlando, FL 32810

Mailing address, if different is:

**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: 1000

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

Name and Title: Torianna Bush "P" Name and Title: \_\_\_\_\_

Address: 5439 Claracona Blvd Address: \_\_\_\_\_  
Orlando, FL 32810

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

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

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

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

FILED  
2024 APR 19 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, 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: Torianna Bush

Address: 5439 Claracona Key Blvd  
Orlando, FL 32810

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Torianna Bush

Address: 5439 Claracona Key Blvd  
Orlando, FL 32810

**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*

Torianna Bush

Required Signature/Registered Agent

04/19/2024

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.*

Torianna Bush

Required Signature/Incorporator

04/19/2024

Date

FILED  
2024 APR 19 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA