

P24000058618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

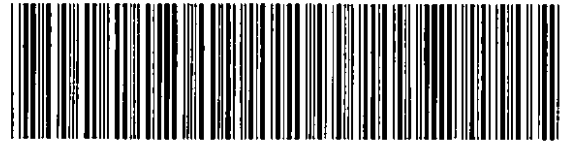
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/24--01008--001 **78.75

FILED
2024 SEP 10 AM 8:43
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:

WCR Construction, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1680 Graver Place
North Port, FL 34288

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

construction.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title

Derrick Warren,
President

Address

1680 Graver Place
North Port, FL 34288

Name and Title

Mary Warren,
Secretary

Address

1680 Graver Place
North Port, FL 34288

Name and Title

Address

Name and Title

Address

Name and Title

Address

Name and Title

Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Mary Warren

Address:

1680 Graver Place

North Port, FL 34288

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Derrick Warren

Address:

1680 Graver Place

North Port, FL 34288

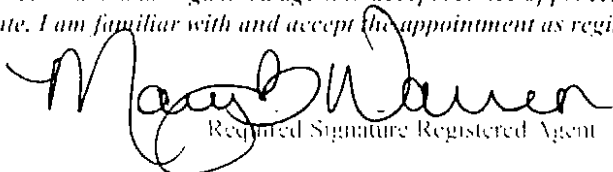
ARTICLE VIII EFFECTIVE DATE:

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.)

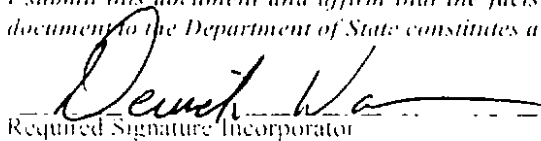
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.


Required Signature Registered Agent

9/4/24
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.


Required Signature Incorporator

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CLERK OF STATE
TALLAHASSEE, FLORIDA
Date