

P25 000000 4664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. LAWRENCE

JAN 16 2025

## COVER LETTER

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

SUBJECT: WIGHT MANAGEMENT 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: MICHAEL WIGHT  
Name (Printed or typed)

1709 SW 18TH STREET  
Address

CAPE CORAL FL 33991  
City, State & Zip

207-460-3133  
Daytime Telephone number

GWACPAMBA@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

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CORPORATIONS  
TALLAHASSEE, FL 32314

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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: WIGHT MANAGEMENT WC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
<u>1209 SW 18TH ST.</u>	_____
<u>CAPE CORAL FL 33991</u>	_____
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE MANAGEMENT SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>MIKE WIGHT, PRESIDENT</u>	Name and Title: <u>DAISY WIGHT, TREASURER</u>
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Address: <u>1209 SW 18TH ST.</u>	Address: <u>1209 SW 18TH ST.</u>
<u>CAPE CORAL FL 33991</u>	<u>CAPE CORAL FL 33991</u>

Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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CLERK OF DISTRICT COURT  
ALLAHBADER, FLORIDA

W. LAWRENCE

JAN 16 2025

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: MICHAEL WRIGHT

Address: 1209 SW 18TH ST  
CAPE CORAL FL 33991

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL WRIGHT

Address: 1209 SW 18TH ST  
CAPE CORAL FL 33991

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:*

✓ (MIKE SIGN)  
\_\_\_\_\_  
Required Signature/Registered Agent

✓ 1/13/25  
\_\_\_\_\_  
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.*

✓ (MIKE SIGN)  
\_\_\_\_\_  
Required Signature/Incorporator

✓ 1/13/25  
\_\_\_\_\_  
Date

W. LAWRENCE

JAN 16 2025