

P2500007025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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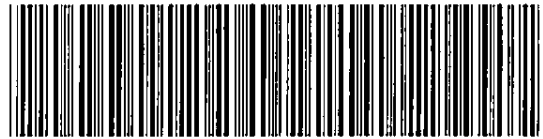
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
OF FL

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COVER LETTER

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

SUBJECT: HF006 WESLEY CHAPEL 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 ☐ \$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: Rosemary Boak
Name (Printed or typed)

8905 Reb Yank Dr
Address

Manassas, VA 20110
City, State & Zip

703-786-8274
Daytime Telephone number

R.BOAK@COMFORTMANAGEMENT.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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DIVISION OF CORPORATIONS
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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: HF006 WESLEY CHAPEL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1059 BRUCE B DOWNS BLVD
WESLEY CHAPEL FL 33544

Mailing address, if different is:
8905 Reb Yank Dr
Manassas, VA 20110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Sales of shoes and accessories

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Andrew Breton</u>	Name and Title:	<u>Jennifer Green</u>
Address	<u>President</u>	Address:	<u>Secretary</u>
	<u>8905 Reb Yank Dr</u>		<u>8905 Reb Yank Dr</u>
	<u>Manassas, VA 20110</u>		<u>Manassas, VA 20110</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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STATE
OFFICE

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: Registered Agents Inc

Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosemary Boak

Address: 8905 Reb Yank Dr
Manassas, VA 20110

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/24/2025 (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

David Roberts

Required Signature/Registered Agent

01/02/2023

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.

Rosemary J Boak

Required Signature/Incorporator

Date

1/24/2025

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Address	_____	Address:	_____
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