

TRANSMITTAL LETTER

P00000101442

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

300003442409--4
-10/27/00-01065-010
*****18.75 *****18.75

SUBJECT: WOODS ENTERPRISES INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Nicholas R. Fanella
Name (Printed or typed)

434 Tanglewood Drive
Address

Fort Walton Beach, FL 32547
City, State & Zip

850-862-7131
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 27 PM 3:44

FILED

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

gj/10/27

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be Woods Enterprises Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
6482 Possum Ridge Road
Crestview, Florida 35239

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
One Thousand (2000) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Donald R. Woods
6482 Possum Ridge Road
Crestview, Florida 35239

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Donald R. Woods
6482 Possum Ridge Road
Crestview, Florida 35239

X Donald R Woods
Signature/Incorporator

10/24/2000
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

X Donald R Woods
Signature/Registered Agent

10/24/2000
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA