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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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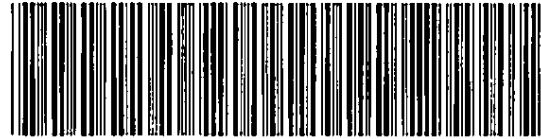
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

19 DEC -2 PM 1:56

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**COVER LETTER**

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

**SUBJECT:** WOOD STREET STUDIO 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:** Dale L. Rieke  
Name (Printed or typed)

1490 20<sup>th</sup> St.  
Address

Sarasota 34234  
City, State & Zip

941-915 4668  
Daytime Telephone number

splinterfinger@verizon.net  
E-mail address: (to be used for future annual report notification)

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

**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: WOOD STREET STUDIO INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1490 20<sup>th</sup> Street  
Sarasota FL 34234

Mailing address, if different is:

PO Box 280  
Sarasota FL 34230

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Milling of wood  
and furniture fabrication

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: DALE RIEKE Name and Title: Director

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

Name and Title: Jennifer Adeson Name and Title: Officer

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

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

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

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: DALE RIEKE  
 Address: 1490 20<sup>th</sup> Street  
Sarasota FL 34234

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DALE RIEKE  
 Address: PO Box 280  
Sarasota FL 34230

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JAN 1 2020 (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*

*Dale Rieke*

Required Signature/Registered Agent

11-25-19  
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.*

*Dale Rieke*

Required Signature/Incorporator

11-25-19  
Date