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21-58-5
2010

COVER LETTER

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2000 MAY 21 A 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: WOB Enterprises, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Matthew Collier

Name of Person

WOB Enterprises, Inc.

Firm/Company

3101 Ambrose Avenue

Address

Nashville, TN 37207

City/State and Zip code

Matt@wobenterprises.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Collier

Name of Person

at (615) 483 4414

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WOB Enterprises, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TN 3. 20-5249942
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/24/06 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2/16/10
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3101 Ambrose Avenue Nashville TN 37207
(Principal office address)

Same

(Current mailing address)

8. Installation of Satellite TV service
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Matthew Collier

Office Address: 1035 Shadow Run Dr

Lakeland, Florida 33813
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Matthew Collier
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Matthew Collier

Address: 105 Lakeside Ct
Hermitage, TN 37076

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Matthew Collier

Address: 105 Lakeside Ct
Hermitage, TN 37076

Vice President: _____

Address: _____

Secretary: Wesley Collier

Address: 596 Windy Mt, Juliet, TN 37122

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Matthew Collier President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

WOB ENTERPRISES, INC.
3101 AMBROSE AVE
Nashville, TN 37207

Request Type: Certificate of Existence/Authorization
Request #: 0013121

Issuance Date: 05/05/2010
Copies Requested: 1

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2010 MAY 21
TALLAHASSEE
SECRETARY OF STATE
FLORIDA
May 5 2010
11:08

Document Receipt

Receipt #: 179686

Filing Fee: \$20.00

Payment-Check/MO - WOB ENTERPRISES, INC., Nashville, TN

\$20.00

Regarding: WOB ENTERPRISES, INC.

Filing Type: Corporation For-Profit - Domestic

Control #: 525742

Charter/Qualification Date: 07/24/2006

Date Formed: 07/24/2006

Status: Active

Formation Locale: Davidson County

Duration Term: Perpetual

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WOB ENTERPRISES, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has not filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett, Secretary of State
Business Services Division