# F23000005732

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W230000793a3				

Office Use Only



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2023 OCT -3 PM 4: 05



June 6, 2023

SCOTT WOODALL PO BOX 711 ACWORTH, GA 30101 US

SUBJECT: WNB ENTERPRISES, INC.

Ref. Number: W23000079303

We have received your document for WNB ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II

Letter Number: 723A00012811

RECEIVED

## **COVER LETTER**

	stration Section tion of Corporation	ns				
SURIFCT:	WNB Enterprises	, Inc.				
SODJECT.		Name of corporat	on - mus	t include suffix		
Dear Sir or M	fadam:					
"Certificate o	of Existence," or "	Foreign Corporation f Certificate of Good S oration to transact bus	anding"	and check are subr	t Business in Florida," nitted to register the	
Please return	all corresponden	ce concerning this mat	ter to the	following:		
Scott Woodall						
	· · ·	Name	of Persor	1		
WNB Enterpri	ises, Inc.				_	
		Firm/C	ompany		<del>-</del> -	
P.O. Box 711						
		Ac	dress			
Acworth, GA	30101					
		City/Stat	e and Zip	code		
Scott@wnben						
	E-n	nail address: (to be use	d for fut	ure annual report n	otification)	
For further in	nformation concer	ning this matter, pleas	se call:			
Scott Woodall	Woodall at ( 770 499-7464					
Nan	ne of Person	Area C	lode	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ling Fee 💢 🗎 S	lowing amount: LORIDA DEPARTME 78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & tified Copy	S87.50 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. WNB Enterpris	es, Inc.						
	orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATION,					
WNB Enterprise	es Inc.						
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)				
Georgia	3	58-2139189					
(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
12/14/1994	5.	perpetual					
(Date	of incorporation)	(Date of duration, if other than perpetual)					
6/15/1998, prev	viously under F98000003402 as Woodali & Broome, Inc., withdrawn last year, name now WNB Enterprise						
	<b>,</b>	fice <u>street</u> address)					
P.O. Box 711, A	eworth, GA 30101						
	(Current maili	ng address, if different)					
3. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	2023 OCT				
Name:	Diane Mummaw		1				
Office Address:	885 North Atmore Circle		<i>&gt;</i> 3 P∺				
	Deltona	, Florida	·. 4: 0				
	(City)	(Zip code)	· 05				

#### 9. 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.

(Registered agem's signature)

10. 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.

A. DIRECTORS							
□Chairman	Name: Scott Woodall	□Chairman	Sharon Woodall Name: PO Box 711 Address: Acworth, GA 30101				
□Vice Chairman	PO Box 711 Address:	□Vice Chairman					
□Director	Acworth, GA 30101	□Director					
□President		□President					
□Vice President		□Vice President					
■ Secretary	Treasurer	□ Secretary	□Treasurer				
CEO CEO		Other CFO	□Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other		□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other	Other				
Important Notice: Use an attachment to report mort than six for The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Report ment of State Annual Report form.  12.  Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Control Number: K431780

# STATE OF GEORGIA

### Secretary of State

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> WNB Enterprises, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 25207378 Date Inc/Auth/Filed: 12/14/1994 : Georgia Jurisdiction : 05/24/2023 Print Date

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State

Control Number: K431780

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF AMENDMENT

NAME CHANGE

1, Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

# WOODALL & BROOME, INC. a Domestic Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 01/27/2022 changing its name to

# WNB Enterprises, Inc. a Domestic Profit Corporation

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 02/10/2022.



Brad Raffensperger