

P00000026467

Requestor's Name

941-593-0551

PRACTICE MGMT CONSULTANTS

10661 N AIRPORT RD STE 16

NAPLES FL 34109

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
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- Walk in       Pick up time \_\_\_\_\_       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 00 MAR 15 PM 12:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

W-6263

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 8, 2000

PRACTICE MGMT CONSULTANTS  
10661 N AIRPORT ROAD STE 16  
NAPLES, FL 34109

SUBJECT: WATER & WOOD, INC.  
Ref. Number: W00000006263

We have received your document for WATER & WOOD, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 487-6926.

Cheryl Gallmon-Case  
Document Specialist

Letter Number: 900A00012985

**ARTICLES OF INCORPORATION  
OF  
WATER & WOOD SERVICES, INC.**

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopt the following articles of incorporation:

**ARTICLE I**

**NAME**

The name of the corporation is WATER & WOOD SERVICES, INC.

**ARTICLE II**

**DURATION**

The term of existence of the corporation is perpetual.

**ARTICLE III**

**PURPOSE**

The corporation is formed to provide travel and lumber services and to transact any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

**ARTICLE IV**

**CAPITAL STOCK**

The aggregate number of shares which the corporation has authority to issue is 7,500, all of which shall be common shares with a par value of \$1.00.

**ARTICLE V**

**PRINCIPAL OFFICE, REGISTERED OFFICE & MAILING ADDRESS**

The principal place of business and mailing address of the corporation is 9960 Treasure Cay Lane, Bonita Springs, FL 34135. The name of the initial registered agent is PRACTICE MANAGEMENT CONSULTANTS, INC. and the registered office is at 10661 N. Airport Road, #16, Naples, FL. The registered offices' phone number is 941.593.0551

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ARTICLE VI  
MANAGEMENT

The business of the corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

ARTICLE VII  
INCORPORATORS, SUBSCRIBERS, STOCKHOLDERS AND OFFICERS

The initial subscribers, stockholders and officers are:

Laraine Cunningham	President
Frederick H. Cunningham, III	Secretary

ARTICLES VIII  
COMMENCEMENT OF EXISTENCE

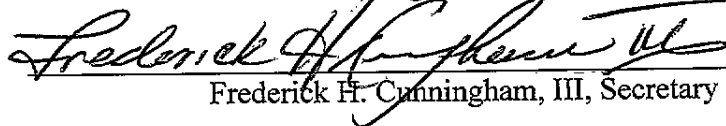
The corporation shall be deemed to commence its existence when these Articles are filed with the office of the Secretary of State, State of Florida.

IN WITNESS WHEREOF, I have subscribed my name this 29<sup>th</sup> day of

February 2000.



Laraine Cunningham, President



Frederick H. Cunningham, III, Secretary

STATE OF FLORIDA

COUNTY OF COLLIER

On this 29<sup>th</sup> day of FEBRUARY, 2000, before me personally  
Appeared Laraine Cunningham, Drivers License Number C-552-520-44-530-0 and  
Frederick H. Cunningham, III, Drivers License Number C-552-248-44-423-0  
known to me to be the person(s) whose names are subscribed to the within instrument,  
and acknowledged that they executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

C. Reed

Notary Public - Certificate # CC774734

My Commission Expires: 09/13/2002

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHICH PROCESS MAY BE SERVED**

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the following is submitted in compliance with said act:

That, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, in the County of Collier, State of Florida, has named Practice Management Consultants, Inc., located at 10661 N. Airport Road, Suite 16, County of Collier, State of Florida, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Carol Fredlund, Registered Agent

  
\_\_\_\_\_  
Date

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