

TRANSMITTAL LETTER

P000000047960

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

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-05/11/00--01103--001
*****78.75 *****78.75

SUBJECT: Wassaba Consulting, Inc.
(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:

Thomas C. Dorn
Name (Printed or typed)

3624 NW 97 Blvd
Address

Gainesville, FL 32606
City, State & Zip

(352) 332-9112
Daytime Telephone number

FILED
00 MAY 11 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NO COPY

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:

Wassaba Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3624 NW 97 Blvd
Gainesville, Fl. 32606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

financial consulting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Thomas C. Dorn
3624 NW 97 Blvd
Gainesville, Fl 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas C. Dorn
3624 NW 97 Blvd
Gainesville, Fl 32606

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



Signature/Registered Agent

5-7-00

Date



Signature/Incorporator

5-7-00

Date

FILED
00 MAY 11 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA