POOOOIO/0/35

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

3**00003442353---**-10/27/00--01062--001 *****87.50 *****87.50

		*****87.50	******87	
SUBJECT: WIRELESS DEPOT WATER (PROPOSED CORPORATE	DNAL S INTER TE NAME – MUST INCL	:NATIONAL (NC. UDE SUFFIX)	·	
	3			
Enclosed is an original and one(1) copy of the article	es of incorporation and a	a check for :	_	
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
	ADDITIONAL CO	Status PPY REQUIRED		
FROM: KATHY MASEN Name (Pr 7686 WILES R		SECRE DAP TALLAHAS	FIL 00 00T 27	<u>!</u>
LOPAL SPRINGS, P		SEE, FLORIDA	FILEU 27 PM 2: 00	1 3
954-340-6800 Daytime Te	lephone number		-	

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

Signature/Registered Agent

// Moder

Signature/Incorporator

Date

Date

Date