

TRANSMITTAL LETTER

EFFECTIVE DATE

10-12-00

FILED

00 OCT 16 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

800003426588--6

-10/16/00--01136--010

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: WMS SQUARED 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: David F Williams  
Name (Printed or typed)

547 Indigo Ave  
Address

Wellington FL 33414  
City, State & Zip

561-793-5614

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 17, 2000

DAVID E. WILLIAMS  
547 INDIGO AVENUE  
WELLINGTON, FL 33414

SUBJECT: WMS SQUARED.  
Ref. Number: W00000025022

We have received your document for WMS SQUARED. and your check(s) totaling \$78.75. 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 600A00054429

**ARTICLES OF INCORPORATION  
OF  
WMS SQUARED *INC,***

**EFFECTIVE DATE**

10-13-00

**FILED**

**00 OCT 16 PM 4:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE I - NAME**

The name of this corporation is WMS Squared *INC,*

**ARTICLE II - PRINCIPAL ADDRESS**

547 Indigo Avenue, Wellington, Florida 33414

**ARTICLE III - COMMENCEMENT**

This Corporation shall commence on the date of execution and acknowledgement of these Articles.

**ARTICLE IV - PURPOSE**

This Corporation is organized for the purpose of transacting any or all lawful business.

**ARTICLE V - CAPITAL STOCK**

This Corporation is authorized to issue 10,000 shares of \$0.10, par value, common stock.

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Corporation is 547 Indigo Avenue, Wellington, Florida 33414 and the name and address of the initial registered agent is David Williams.

---

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have two (2) Directors initially. The number of Directors shall be established by the Bylaws and may be either increased or diminished from time to time as provided in the Bylaws. The names and addresses of the initial Directors of the Corporation are:

David Williams	547 Indigo Avenue, Wellington, Florida 33414
Wilma Kay Williams	547 Indigo Avenue, Wellington, Florida 33414

## ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles is:

David Williams    547 Indigo Avenue, Wellington, Florida 33414

## ARTICLE IX - BYLAWS

The power to adopt, alter, amend or repeal Bylaws shall be vested in the Board of Directors.

## ARTICLE X - INDEMNIFICATION

The Corporation shall indemnify its Officers and Directors against liability to the extent permitted in Section 607.0850, Florida Statutes.

## ARTICLE XI - AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the Stockholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these  
Articles of Incorporation this 12 day of October, 2000.

David Williams

David Williams , Incorporator

STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, the undersigned authority, personally came and appeared David  
Williams.

WITNESS my hand and official seal in the County and State last aforesaid,  
this 12<sup>th</sup> day of October, 2000.

Sharon L. Wood

Notary Public, State of Florida at Large



Sharon L. Wood  
★ My Commission CC758308  
Expires September 12, 2002



Personally known

or Produced Identification

Type of Identification Produced

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

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:

FIRST -- THAT WMS SQUARED, <sup>INC.</sup> DESIRING TO ORGANIZE OR QUALIFY UNDER THE  
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT 547  
INDIGO AVENUE, THE VILLAGE OF WELLINGTON, STATE OF FLORIDA, HAS NAMED  
DAVID WILLIAMS LOCATED AT 547 INDIGO AVENUE, THE VILLAGE OF  
WELLINGTON, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS  
WITHIN FLORIDA.

SIGNATURE: David Williams  
David Williams, Incorporator

DATED: Oct 12, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE: David Williams  
David Williams, Registered Agent

DATED: Oct 12, 2000

FILED  
00 OCT 16 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA