

PO1000112980

TRANSMITTAL LETTER

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

100004694251--1
-11/27/01--01011--005
*****78.75 *****78.75

SUBJECT: Wendolyn Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Wendolyn M. Carini
Name (Printed or typed)

EFFECTIVE DATE
11-15-01

1711 Hideaway Forest Trail
Address

New Smyrna Beach, Florida 32168
City, State & Zip

407 497-9883
Daytime Telephone number

FILED
01 NOV 26 AM 8:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T. Burch NOV 29 2001

T. Burch NOV 29 2001

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:

WENDOLYN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1711 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FLORIDA 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL "FOR PROFIT" ENDEAVOR

SHARES ARTICLE IV

The number of shares of stock is:

FIVE HUNDRED SHARES (500)

ARTICLE V INITIAL OFFICERS/DIRECTORS

WENDOLYN M. CARINI PRESIDENT
1711 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FLORIDA 32168

ARTICLE VI REGISTERED AGENT

WENDOLYN M. CARINI
1711 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FLORIDA 32168

ARTICLE VII INCORPORATOR

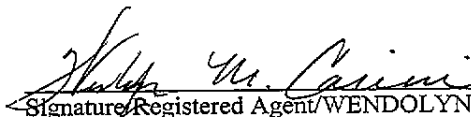
The name and address of the incorporator is:

WENDOLYN M. CARINI
1711 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FLORIDA 32168

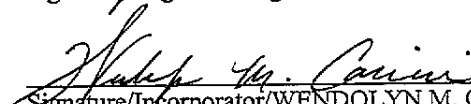
ARTICLE VIII DATE OF INCORPORATION

THE EFFECTIVE DATE OF INCORPORATION SHALL BE NOVEMBER 15, 2001

.....
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/WENDOLYN M. CARINI

11/20/01
Date


Signature/Incorporator/WENDOLYN M. CARINI

11/20/01
Date

FILED
01 NOV 26 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
11-15-01