

TRANSMITTAL LETTER

P02000054399

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

500005452025--4
-05/06/02--01018--010
*****78.75 *****78.75

SUBJECT: WDS CORPORATION
(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

☒ ^{78.75}
~~\$122.50~~
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 MAY -6 PM 1:37

FILED

FROM:

DOUGLAS SROPE

Name (printed or typed)

8815 HEATHOR BLVD CT.

Address

TAMPA, FL 33647

City, State & Zip

813-851-4115

Daytime Telephone number

W02-13273

05-16-02

7

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 8, 2002

DOUGLAS SROFE
8815 HEATHER GLEN CT
TAMPA, FL 33647

SUBJECT: WOS CORPORATION
Ref. Number: W02000013273

We have received your document for WOS CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 602A00028983

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WDS CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8815 HEATHER GLEN CT.
TAMPA, FL 33647

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares of \$1.00 par value Common Stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Douglas Srofe
8815 HEATHER GLEN CT.
TAMPA, FL 33647

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Douglas Srofe
8815 HEATHER GLEN CT.
TAMPA, FL 33647

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of April, 19 2002.

Douglas Srofe
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WDS CORPORATION

2. The name and address of the registered agent and office is:

DOUGLAS SROFF
(NAME)
8815 HEATHER GLEN CT.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
TAMPA, FL 33647
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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

Douglas Sroff
(SIGNATURE)

4-16-2002
(DATE)