

TRANSMITTAL CENTER
P02000078150

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

SUBJECT: Articles of Incorporation for WTA of Central Florida, 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:

[Signature]

Gregory Jones

Name (Printed or typed)

2968 Viking Way

Address

Tallahassee

City, State & Zip

(850) 322-6678

Daytime Telephone number

RECEIVED
02 JUL 18 PM 12:55

FILED
2002 JUL 18 PM 1:00
TALLAHASSEE FLORIDA
SECRETARY OF STATE

900006490963--- 1
-07/18/02--01073--001
*****78.75 *****78.75

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

✓
8/7/18/02

ARTICLES OF INCORPORATION
FOR
WTA OF CENTRAL FLORIDA INC.

FILED
2002 JUL 18 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE ONE

THE NAME OF THE CORPORATION IS WTA OF CENTRAL FLORIDA INC.

ARTICLE TWO

THE TERM OF THE CORPORATION IS PERPETUAL

ARTICLE THREE

THE BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A FULL SERVICE TRAINING ACADEMY, WHEREIN, WE WILL PROVIDE COMMERCIAL DRIVING CLASSES. THE BUSINESS WILL TRANSACT ALL OF ITS BUSINESS UNDER THE NAME OF WTA OF CENTRAL FLORIDA INC.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES BY WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 3126 SEIGNEURY DR. WINDEMERE, FL ZIP CODE 34786. THE NAME OF THE INITIAL REGISTERED AGENT IS MARTINE LOISEAU WHOSE ADDRESS IS 3126 SEIGNEURY WINDERMERE, FLORIDA, 34786. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS ARE TWO. THE NAMES AND ADDRESSES OF THE PERSONS WHO WILL SERVE AS DIRECTORS ARE AS FOLLOWS.

NAME
MARTINE LOISEAU

ADDRESS
3126 SEIGNEURY DR.
WINDEMERE, FL. 34786

WILDER DEZIL

3126 SEIGNEURY DR.
WINDEMERE, FL. 34786

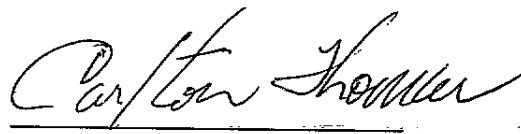
ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS :

CARLTON THOMAS
5354 S. JOHN YOUNG PKWY
ORLANDO FL. 32839


CARLTON THOMAS

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

July 10, 2002

DEPARTMENT OF CORPORATIONS
P.O. BOX 6237
TALLAHASSEE, FL. 32310

DEAR SIR/MADAM;

ATTACHED AND ENCLOSED ARE ARTICLES OF INCORPORATIONS FOR WTA OF CENTRAL FLORIDA INC. ALSO ENCLOSED IS THE FILING FEE AND TWO COPIES. PLEASE EXECUTE THESE DOCUMENTS AND RETURN A COPY TO ME. THE REGISTERED AGENT AND THE ADDRESS OF REGISTERED OFFICE IS MARTINE LOISEAU WHOM ADDRESS IS 3126 SEIGNEURY DR. WINDERMERE, FL. 34786.


MARTINE LOISEAU

**CERTIFICATE OF DESTINATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF
FLORIDA SUMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE
REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS :

WTA of Central Florida Inc.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS :

MARTINE LOISEAU
(NAME)
3126 SEIGNEURY DR.
(P.O. BOXES NOT ACCEPTABLE)
WINDERMERE, FL 34786
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT 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 PROVISION OF
ALL STATUTES RELATING TO THE PROPER AND COMPLETE
PROFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED
AGENT.

Martine Loiseau
SIGNATURE

7-12-02
DATE