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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

WOOD MEDIC INC.

Certificate of Status	0
Certified Copy	1
Page Count	034
Estimated Charge	\$78.75

D. WHITE OCT 11 2002

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

02 OCT 10 AM 8:00

WOOD MEDIC INC.

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

ARTICLE I NAME

The name of the corporation shall be:

WOOD MEDIC INC.

The principal place of business of this corporation shall be: 12530 SW 207 TERR. MIAMI, FL 33177

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 SHARES @ 1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

HANNIBAL I. RUIZ
12530 S.W 207 TERR
MIAMI, FL 33177

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

HANNIBAL I. RUIZ
12530 S.W 207 TERR
MIAMI, FL 33177

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 10th day of OCTOBER ~~2001~~ 2002

Signature(s) of Incorporator(s)

Hannibal I. Ruiz

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT 10 AM 8:00

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

WOOD MEDIC INC.

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

HANNIBAL I. RUIZ 12530 SW 207 TERR

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33177

(CITY/STATE/ZIP)

SIGNATURE

Hannibal Ruiz

TITLE

DATE OCTOBER 10, 2002

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Hannibal Ruiz

DATE

OCTOBER 10, 2002