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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

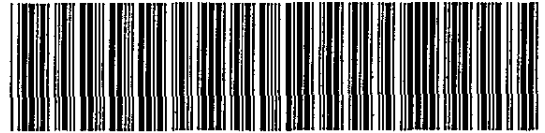
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
03 MAY -5 AM 9:03  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

✓

**TRANSMITTAL LETTER**

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

**SUBJECT:** Wrom WroMart, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUBJECT)

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:** William R. O'Brien  
Name (Printed or typed)

21039 Pine Knot Lane  
Address

Land O' Lakes, FL 34639  
City, State & Zip

813-340-8460  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

Incorporated

03 MAY -5 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

WroMart,

21039 Pine Knot Lane , Land O' Lakes  
FL. 34639

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Retail Sales of consumer  
products and services

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000 Ten thousand

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

William Robert O'Brien  
President, CEO

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

William R. O'Brien  
21039 Pine Knot Lane , Land O' Lakes  
FL. 34639

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

William R. O'Brien  
21039 Pine Knot Lane , Land O' Lakes  
FL. 34639

\*\*\*\*\*  
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

W O'Brien

Signature/Registered Agent

4-25-03

Date

W O'Brien

Signature/Incorporator

4-25-03

Date