

P04000043294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

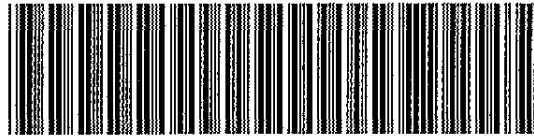
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: WADAO LI 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: LESLEY SMITH  
Name (Printed or typed)

P.O. Box 2407  
Address

FORT PIERCE, FL. 34954  
City, State & Zip

772-332-6883  
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).

## ARTICLE I NAME

The name of the corporation shall be:

WAOADLI, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 2407  
FORT Pierce, FL 34954-2407

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LESLEY SMITH CEO  
ERROL George Secretary/Treasurer

## ARTICLE VI REGISTERED AGENT

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

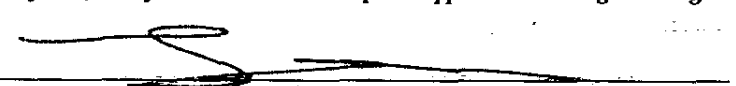
LESLEY C. SMITH  
1023 SUNRISE BLVD  
FT. PIERCE, FL. 34950

## ARTICLE VII INCORPORATOR

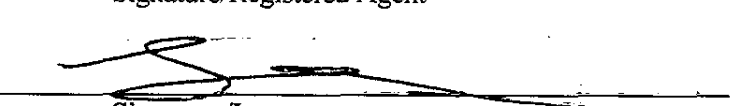
The name and address of the Incorporator is:

LESLEY C. SMITH  
1023 SUNRISE BLVD  
FT. PIERCE, FL. 34950

\*\*\*\*\*  
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

  
Date

  
Signature/Incorporator

  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA