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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

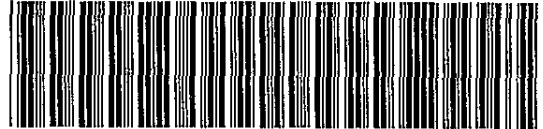
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TRANSMITTAL LETTER

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

SUBJECT: Wood 4 You, 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: Leroy Anthony Hanson
Name (Printed or typed)

9135 4th Ave
Address

Jacksonville, FL 32208
City, State & Zip

904-766-5724
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: *Wood 4 You, Inc*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*9135 4th Ave
Jacksonville, FL 32208*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *To transact any and all
Lawful Business for which corporations may be incorporated
under Florida General Corporation Act*

ARTICLE IV SHARES

The number of shares of stock is: *1000 Shares of common stock
Having a nominal or par value of one (1.00) per share*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

This corporation shall have the following Directors

<u>Name</u>	<u>Address</u>	<u>Title</u>
<i>Leroy Anthony Hanson</i>	<i>9135 4th Ave Jacksonville, FL 32208</i>	<i>President</i>

ARTICLE VI REGISTERED AGENT

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


Leroy Anthony Hanson 9135 4th Ave Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leroy Anthony Hanson 9135 4th Ave Jacksonville, FL 32208


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

04-09-04

Date



Signature/Incorporator

04-09-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA