

PO400016104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200042708132

11/22/04--01028--023 **87.50

FILED

04 NOV 22 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TH 11/30/04

TRANSMITTAL LETTER

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

SUBJECT: WOLABCO INTERNATIONAL 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: Clark Trainor, Esq.

Name (Printed or typed)

11500 West Olympic Blvd., Suite 400

Address

Los Angeles, CA 90064

City, State & Zip

310-497-4826

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:

WOLABCO INTERNATIONAL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6007 Arlington Way, Fort Pierce, FL 34951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edward O. Aboderin, Director

Beatrice O. Aboderin, Director

Olubusayo O. Aboderin, Director

Edward O. Aboderin, President and Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jennifer Schock

5804 Indian Pines Blvd.

Fort Pierce, FL 34951

ARTICLE VII INCORPORATOR

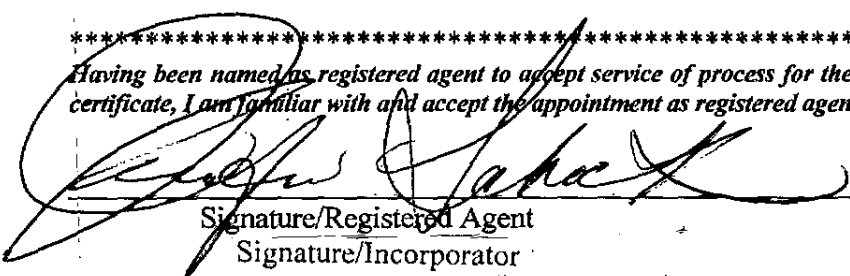
The name and address of the Incorporator is:

Jennifer Schock

5804 Indian Pines Blvd.

Fort Pierce, FL 34951

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
Signature/Incorporator

10/23/04
Date

FILED

04 NOV 22 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA