

P05000104582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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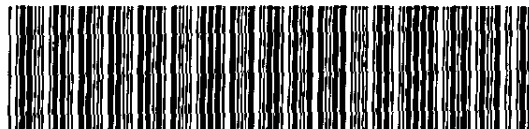
(Business Entity Name)

(Document Number)

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

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2005 JUL 25 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

27 2005

## TRANSMITTAL LETTER

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

SUBJECT: Wallace Mouradian Enterprises 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: Wallace Mouradian  
Name (Printed or typed)

4662 SE 39th Ct  
Address

Ocala, FL 34480  
City, State & Zip

352-286-3081  
Daytime Telephone number

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

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**ARTICLES OF INCORPORATION**

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

2005 JUL 25 PM 3:44

**ARTICLE I NAME**

The name of the corporation shall be:

WALLACE MOURADIAN ENTERPRISES INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4662 SE 39TH CT  
OCALA, FL 34480

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Automotive TRAINING & CONSULTING

**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):

WALLACE MOURADIAN  
4662 SE 39TH CT  
OCALA, FL 34480  
President

JULIE MOURADIAN  
4662 SE 39TH CT  
OCALA, FL 34480  
Vice/Secretary

**ARTICLE VI REGISTERED AGENT**

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

WALLACE MOURADIAN  
4662 SE 39TH CT  
OCALA, FL 34480

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

WALLACE MOURADIAN  
4662 SE 39TH CT  
OCALA, FL 34480

\*\*\*\*\*

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

7/22/05  
Date

  
Signature/Incorporator

7/22/05  
Date