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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

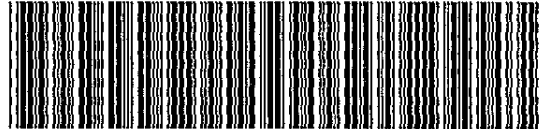
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Certified Copies _____

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06 APR 24 AM 8 07

STATE
TALLAHASSEE, FLORIDA

4/25/06

COVER LETTER

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

SUBJECT: Wigaly Worms 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: Stephanie Louise Jones
Name (Printed or typed)

148 April Lane
Address

Tampa, FL 33613
City, State & Zip

813 969 3983
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:

Wiggly Worms INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

148 April Lane, Tampa, FL 33613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make a profit by marketing Earthworms and Vermiculture Supplies

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):

Stephanie Louise Jones 148 April Lane, Tampa, FL 33613- President

Thomas Matthews P.O. Box 2308, Lutz, FL 33548- Vice President

ARTICLE VI REGISTERED AGENT

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

Stephanie Louise Jones 148 April Lane, Tampa, FL 33613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephanie Louise Jones 148 April Lane, Tampa, FL 33613

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

Stephanie Louise Jones
Signature/Registered Agent

4-20-06
Date

Stephanie Louise Jones
Signature/Incorporator

4-20-06
Date

FILED
06 APR 24 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA