# P0600006685L

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
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OF MAY 12 FH 2: 48

CB 5-12-06

### COVER LETTER,

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

SUBJECT: COLO MOOD	TNC TE NAME - MUST INCLUDE SUFFIX)
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 \$\frac{1}{4}\$78.75  Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50  Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: John R Wood	(Printed or typed)
2163 ABSCO 77	ddress
Port Charlott	E FL 33952 State & Zip
941-740-11 30 Daytime To	elephone number

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2006

JOHN R. WOOD JR. 2163 ABSCOTT ST PORT CHARLOTTE, FL 33952

SUBJECT: JOHN WOOD INC Ref. Number: W06000018248

We have received your document for JOHN WOOD INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please complete article VII.,

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock Document Specialist New Filing Section

Letter Number: 206A00026302

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## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: John Kichard Wood JR. Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2163 ABSCOTT ST Port Charlotte F(33952 ARTICLE III PURPOSE The purpose for which the corporation is organized is: General Constrution ARTICLE IV SHARES 100 The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): PRes John Rwood JR. 2163 ABSCOTT ST Port Chrielette Fl 339 52 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I ayn familiar with and agcept the appointment as registered agent and agree to act in this capacity

ARTICLES OF INCORPORATION

mature/Registered Agent

Signature/Incorporator