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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -9 AM 10:20

m06-24608

COVER LETTER

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

SUBJECT: WO Corporation
(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: Wanda F. Owens
Name (Printed or typed)

402 BARRIER Dunes DR
Address

Port St Joe FL 32486
City, State & Zip

850-227-9106 / 850-763-5587
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 JUN -9 PM 2:13

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

May 30, 2006

WANDA F. OWENS
402 BARRIER DUNES DR
PORT ST. JOE, FL 32456

SUBJECT: WO CORPORATION
Ref. Number: W06000024608

We have received your document for WO CORPORATION and your check(s) totaling \$87.50. 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 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) 245-6972.

Doris Brown
Document Specialist
New Filing Section

Letter Number: 106A00037396

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Certified Copy
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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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

06 JUN -9 AM 10:20

ARTICLE I NAME

The name of the corporation shall be:

W/WO Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

402 BARRIER Dunes DR
Port St Joe, FL 32456

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To import, distribute or retail goods/merchandise for
persons or households wage from any location

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):

Wanda F Owens
402 BARRIER Dunes DR
Port St Joe, FL 32456

ARTICLE VI REGISTERED AGENT

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

Wanda F Owens
402 BARRIER Dunes DR
Port St Joe, FL 32456

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wanda F Owens
402 BARRIER Dunes DR
Port St Joe, FL 32456

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

Wanda F Owens

Signature/Registered Agent

5/17/06
Date

Wanda F Owens

Signature/Incorporator

5/17/06
Date