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## **COVER LETTER**

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

SUBJECT: WAVE'S WORK INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA  ginal and one (1) copy of the arti			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: WADE Kollar Name (Printed or typed)				
1569-Foycraft DRW. Address				
Palm Heirbor FL 34683 City, State & Zip				
Daytime Telephone number				

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

## ARTICALS OF INCORPORATION

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

ARTICLE I NAME WADES WORK INC.

**ARTICLE II PRINCIPAL OFFICE** 

1569-Foxcroft Dr. W. Palm Harbor Fl., 34683

ARTICLE III PURPOSE Cleaning and Maintenance

ARTICLE IV SHARES

ARTICLE V INITIAL OFFICER AND/OR DIRECTORS

WADE KOLLAR - PRESIDENT

1569-Foxcroft Dr. W.

Palm Harbor Fl., 34683

LEIGHA KOLLAR - VICE PRESIDENT

1569-Foxcroft Dr. W.

Pam Harbor Fl., 34683

ARTICLE VI REGISTERED AGENT

Dr. ROBERT MITCHELL

1130-Pinehurst Rd.

Dunedin, Fl. 34698

**ARTICLE VII INCORPORATOR** 

WADE KOLLAR

1569- Foxcroft Dr. W.

Palm Harbor Fl. 34683

State—Fonda County Piwlias
This instrument was acknowledged in front of
me on this 20 day of Mark
by MOCE BROLLAND AND ROBERT

Produced ID X
Personally Known

Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

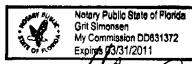
Signature/Registered agent

 $\frac{3-20-08}{\text{Date}}$ 

-00 01

Date

Signature/Incorporator



Expires 93/31/2011