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## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # WOOdSide Farm Inc

1. Corporation Name

P090000.55939

FILED

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LEUBLITARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #   3. Making Office Address   3.	6										
Suite. Apt #, etc.  205A  City & State  Wellington , FL  Zip  33414  Country  7. Name and Address of Current Registered Agent  Kelk Phillips, P.A.  Street Address (P.O. Box Number is Not Acceptable)  12230 W. Forest Hill BIVA  Suite, Apt #, etc.  Suite. Apt #, etc.  CRZEGIST Florida Country  Applied For Not Applied F		_	ss - No P.O. Box#	3. Mailing (	Office Addre	SS					
205 A  City & State  Wellington , FL  Zip			lo Club Rd						CD2E001 /11/1/	) i	
To Do Business in Florida				Suite, Apt. #	, etc			4 Sala lass		) ) 	
Wellington , FL  Zip  33414 USA  Name and Address of Current Registered Agent  Name  Kelt Phillips, P.A.  Streat Address of Po. Box Number is Nortaceptable)  12230 W. Forest I hill BIVA.  Suite, Apr. F. Etc.  Suite 110-WI  Wellington / FL 33414  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Resistered Agent Resistance				,				1			
33414 USA  VISA  Name and Address of Current Registered Agent  Name  Kelk Phillips, P.A.  Street Address (P.D. Box Number is Not Acceptable)  1220 M. Forest Hill Blvd.  Suite, Apt. P. Etc.  Suite 110-WI  Wellington  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Officer and/or Director  Street Address of Each Officer and/or Director  13268 Polio Club Rd.  Wellington, FL, 33414  D Sophie Walker  13268 Polio Club Rd.  Wellington, FL, 33414	Wel	1							er		
Name Kelk Phillips, P.A.  Street Address (P.O. Box Nulmber is Not Acceptable)  Suite, Apt. P. Etc.  Suite 110-N1  State Zip Code FL 33414  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Directors  Officer and/or Directors  13268 Polo Club Rd. Wellington, FL, 33414  D Sophie Walker  13208 Polo Club Rd. Wellington, FL, 33414		414	•	Zip		Country		6.	TE OF STATUS DESIRED \$8.		
Street Address (P.O. Box Number is Not Acceptable)   12230 W. Forest Hill Blvd.   State   Zip Code   The Ito-Wl   The			7. Name and Address of	f Current Regi	stered Age	nt					
12230 W. Forest Ithil BIVA   Suite, Apt. #, Etc.   Suite IID-W    State   Zip Code   The IID-W    The I	1 .	K Phil	lips, P.A.				·				
Suite, Apt. #, Etc.  Suite 110-W1  Wellington  FL 33414  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Officers and/or Director  P.T. Brian Walker  13268 Polo Club Rd. Wellington, FL, 33414  D Sophic Walker  13268 Polo Club Rd. Wellington, FL, 33414	Street Add							İ			
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Signature of Registered Agent  Pate 12/29/14  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Officer and/or Director  13268 Polo Club Rd.  2059  Wellington, FL, 33414  D Sophie Walker  13208 Polo Club Rd.  Wellington, FL, 33414			/:			5 <i>E</i>   FL	3414				
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Titles Name of Officers and/or Directors  P.T. Brian Walker  D Sophie Walker  13208 Polo Club Rd. Wallington, FL, 33414  13208 Polo Club Rd. Wellington, FL, 33414  205A  Wellington, FL, 33414			R	EGISTERED A	SENT MUS	T SIGN					
P.T. Brian Walker  D Sophie Walker  13208 Polo Club Rd. Wallington, FL, 33414  13208 Polo Club Rd. Wellington, FL, 33414  205A  Wellington, FL, 33414	9. Name	s and Street A	dresses of Each Officer an	d/or Director (FI	orida nonpr	ofit corporations	must list at lea	st 3 directors)			
D Sophie Walker 13208 Polo Club Rd. Wellington, FL, 33414	Titles			Street Address of Each Officer and/or Director			City / Sta	le / Zip			
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2013-2014							=20	13-	2114		

10. E-mail Address: Zacha Velk Dhillips, com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information sybmitted in a decument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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SIGNATURE AND THEODOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/38/14

Daytime Phone #