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SECRETARY OF STATE





COVER LETTER

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

SUBJECT: Woodwind Ventures, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: <u>George D. Gibson</u> Name	(Printed or typed)			
2581 Woodsmill Dr.	Address			
Melbourne, FL 32934 City,	State & Zip			
321-482-4007 Daytime Te	elephone number			
gdgibson25@gmail.com E-mail address: (to be used	for future annual report notification)			

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)

	*NAME Woodwind Ventures, corporation shall be:	Inc.	ANDVE
ARTICLE II	PRINCIPAL OFFICE		TI CO TILED
	Principal street address	Mailing addres	s, if different isz,
	2581 Woodsmill Dr.	2581 Woodsmill Dr.	Sca Py
	Melbourne, FL 32934	Mailing addres 2581 Woodsmill Dr. Melbourne, FL 329	SALU PETAS
			- THASSE OF STATE
ARTICLE III	PURPOSE		FLORIE
	which the corporation is organized is:		TIVA
	e of the corporation is to conduct an	y lawful purpose or purpose	es.
	·	, , ,	
ARTICLE IV	SHARES		
The number of sha	ares of stock is: 100		
ADTICLE U	INITIAL OFFICERS AND/OR DIRECT	VORG.	
	Title: George D. Gibson/ President		
Address:	2581 Woodsmill Dr.		
 	Melbourne, FL 32934		
N. 1.0	n'd		
Name and I	Fitle:	4 1 1	
Address:			
Name and T	Fitle:	Name and Title:	
Address:		Address:	
			<u></u>
		<u></u>	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable		
Name:	George D. Gibson		
Address:	2581 Woodsmill Dr		
	Melbourne, FL 32934		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	George D. Gibson		
Address:	2581 Woodsmill Dr.		
	Melbourne, FL 32934		
Havino heen nam	ned as registered agent to accept service of pro-	cass for the ahove stated corneration	n at the place decionated i
this certificate, I a	m familiar with and accept the appointment as	registered agent and agree to act in t	this capacity
			/ /
	George 61 Gilan		2/9/11
	Required Signature/Registered Agent		Date
	•		
I submit this doci	ument and affirm that the facts stated herein	are true. I am aware that the false	information submitted in a
aocument to the L	Department of State constitutes a third degree fe	tony as provided for in s.817.155, F.S	S.
			2/1
	Required Signature/Incorporator	20n	2/9/11
	required Signature/Incorporator		/Dai∉