Division of Corporations

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# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)876-5368

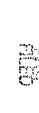
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION wi-dag, inc.

Certificate of Status	0
Certified Copy	0
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### **COVER LETTER**

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

jraf@wi-daq.com

SUBJECT: wi-daq, inc.	,
(PROPOSED CORPORA	TE NAME – MUST INCL(IDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Jarrod S. Rafferty	
Name	(Printed or typed)
215 Northwest Flagler Avenue, Unit 301	
	Address
Stuart, Florida 34995	
City,	State & Zip
330-256-0819	
Daytime T	elephone number

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	Principal <u>street</u> address 15 Northwest Fingler Avenue, Unit 301	Marant	
		17	g address, if different is:
_	wart, Florida 34995		
CTICLE III			
e bruboze tou wi	ich the corporation is organized is:		
irdware, which is	wful business whatsoever, including but not calculated, directly or indirectly, to promote ave and exercise all rights, privileges which te of Florida.	the interest of the Corporat	ion or to enhance the value of its
e number of share	SHARKS s of stock is: 100 shares of common stock, w	vithout par value,	
	INITIAL OFFICERS AND/OR DIRECT		
Address:		Address:	
Nume and Tit	er	Name and Title:	
Address:		Address:	
•			
Name and Tit	le:	Name and Title:	
Address:		Address:	
		<del></del>	A hard to
			Will U
	REGISTERED AGENT		FIO E
	da strugt address (P.O. Box NOT acceptable Jarrod S. Rafferty	) of the registered agent is:	<u></u>
Name: Address:	215 Northwest Flagler Avenue, Unit 30	<del></del>	<u> </u>
AUAH (\$3),	Supart, Morida 34995	<u></u>	
		<del></del>	£4.,
	CNCORPORATOR  een of the Incorporator is:		
Name:	Jarrod S. Rafferty		
Address:	215 Northwest Flagler Avenue, Unit 301		
	Sturrt, Florida 34995	<del></del>	
natura Anno a Anno	l as registered agent to occupt partice of pro	ness for the above stated an	moretim at the place declumbed is
s certificated um	familiar with and accept the appointment as	registered agent and agree to	act in this capacity
. ( )	A I AI I A		
	1) K M 1412+		4/4/11
77	Required Spintyre/Registered Agent		Date
	and mid allowed days land and which hands	non trace I story colone that the	hu foles information substitut in
cument to the Dec	nent cold affirm that the facts stated herein partness of State confedences a dard degree fo	ure true. I am amare mai u lonv as provided for in s.817.	is juise injornapapa a <b>commun</b> ja t 155. P.S.
			. 1.1.
\	Required a paragraphy in gerporator		4/4/(

FLOOR - 10/85/2010 C T Byotom Collins