

P 11000047387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

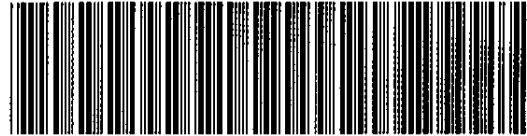
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500207645805

05/16/11--01019--022 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2011 MAY 16 PM 12:17

5/12/11

COVER LETTER

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

SUBJECT: Woodpecker Damage Control Company, Inc.
(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: Kevin O'Brien - Woodpecker Damage Control Company, Inc.
Name (Printed or typed)

PO Box 8802

Address

Naples, FL 34101

City, State & Zip

(239) 597-3400

Daytime Telephone number

bruce@woodpeckerdamage.com

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

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

2011 MAY 16 PM 12:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**WOODPECKER
DAMAGE CONTROL COMPANY
PO BOX 8802 NAPLES FLORIDIA 34101
239-465-5423**

May 11, 2011

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that as of May 6, 2011, I have dissolved Woodpecker Damage Control Company, LLC and will not reinstate it. Therefore, I am giving permission to Woodpecker Damage Control Company, Inc. to use the name "Woodpecker Damage Control Company."

If you have any questions, feel free to call me at (239) 465-5423.

Sincerely,



Bruce J. Wadsworth
President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 MAY 16 PM 12:17

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Woodpecker Damage Control Company, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
530 Avellino Isles Circle, #7101
Naples, FL 34119

Mailing address, if different is:

PO Box 8802
Naples, FL 34101

2011 MAY 16 PM 12:17

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Kevin O'Brien, President</u>	Name and Title: _____
Address: <u>530 Avellino Isles Circle #7101</u>	Address: _____
<u>Naples, FL 34119</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Kevin O'Brien
Address: 530 Avellino Isles Circle, #7101
Naples, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin O'Brien
Address: 530 Avellino Isles Circle, #7101
Naples, FL 34119

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



Required Signature/Registered Agent

05/06/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

5/6/11

Date