

P110000084965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

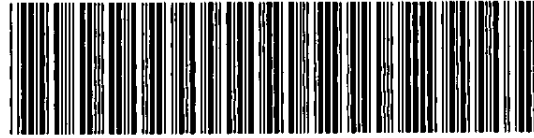
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/29/11--01001--008 \*\*78.75

RECEIVED

11 SEP 28 PM 3:58

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 SEP 28 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/2/11

8

**COVER LETTER**

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

SUBJECT: Wooden Seafood & Bar B Que Shack 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: Kimberly Wooden  
Name (Printed or typed)  
335 Deer Ridge Circle  
Address  
Havana, Florida 32333  
City, State & Zip  
850 459 7675  
Daytime Telephone number  
Woodenauto repair@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be:

Wooden: Seafood & Bar B Que Shack Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6768 FL/Ga. Highway  
Havana, FL 32333

Mailing address, if different is:

335 Deer Ridge Circle  
Havana, FL 32333

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Food Service Restaurant

**ARTICLE IV SHARES**

The number of shares of stock is:

2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kimberly Wooden  
Address: President  
335 Deer Ridge Cir.  
Havana, FL 32333

Name and Title: James Wooden  
Address: Vice-President  
335 Deer Ridge Circle  
Havana, FL 32333

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: James Wooden  
Address: 335 Deer Ridge Cir.  
Havana, FL 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James Wooden  
Address: 335 Deer Ridge Cir.  
Havana, FL 32333

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

x Kimberly D. Wooden  
Required Signature/Registered Agent

September 28, 2011  
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.

x James Wooden  
Required Signature/Incorporator

9/28/11  
Date

FILED  
11 SEP 28 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA