

P1100000 88173

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT -6 PM 2:11

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: **FLOYD N. WOOD 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: **FLOYD N. WOOD**

Name (Printed or typed)

**1909 N. DOVER RD.**

Address

**DOVER, FLORIDA 33527**

City, State & Zip

**813/597/8404**

Daytime Telephone number

**floydnathaniel@msn.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)

APPROVED  
AND  
FILED

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**ARTICLE I NAME**

The name of the corporation shall be: **FLOYD N. WOOD INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1909 N. DOVER RD.**  
**DOVER, FLORIDA**  
**33527**

Mailing address, if different is:  
**1909 N. DOVER RD.**  
**DOVER, FLORIDA**  
**33527**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**TRANSPORTATION**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **FLOYD N. WOOD**  
Address: **1909 N. DOVER FL.**  
**33527**

Name and Title: **DIANA B. WOOD**  
Address: **1909 N. DOVER FL.**  
**33527**

Name and Title: **XXXXXXXXXXXXXX**  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: **XXXXXXXXXXXXXX**  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: **XXXXXXXXXXXXXX**  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: **XXXXXXXXXXXXXX**  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: **FLOYD N. WOOD**  
Address: **1909 N. DOVER RD.**  
**DOVER FL 33527**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **FLOYD N. WOOD**  
Address: **1909 N. DOVER RD.**  
**DOVER FL. 33527**

*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*

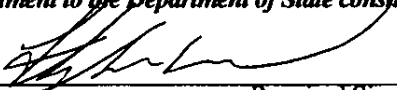


Required Signature/Registered Agent

**10-3-2011**

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.*



Required Signature/Incorporator

**10-3-2011**

Date