

P110000095800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

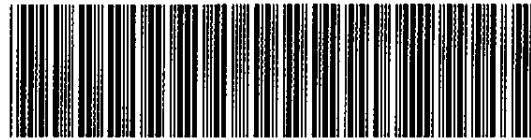
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/02/11--01013--008 **78.75

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11 NOV - 2 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

MRS
11/3

11/1/12

COVER LETTER

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

SUBJECT: Wood Industries Organisation, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Corey M. Wood

Name (Printed or typed)

6 NW 35th Place

Address

Cape Coral, FL. 33993

City, State & Zip

239.357.8197

Daytime Telephone number

wiorg@hotmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2011

COREY M WOOD
6 NW 35TH PLACE
CAPE CORAL, FL 33993

SUBJECT: WOOD INDUSTRIES ORGANISATION, INC.
Ref. Number: W11000056180

We have received your document for WOOD INDUSTRIES ORGANISATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word ORGANISATION in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled ORGANISATION. If you did not misspell this word intentionally, please correct the spelling to read ORGANIZATION and resubmit the document for processing.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 911A00025051

To Whom It May Concern,

I would like to have Wood Industries Organisation, Inc. to have an effective date of 01/01/2012.

Thanks A Million!

Sincerely,

Erik O. Wood
President

FILED
11 NOV - 2 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Wood Industries Organisation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6 NW 35th Place
Cape Coral, FL 33993

Mailing address, if different is:
1242 SW Pine Island Rd.
#42-267
Cape Coral, FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Investments

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Corey M. Wood CEO
Address: 6 NW 35th Pl
Cape Coral, FL 33993

Name and Title: _____
Address: _____

Name and Title: Erik O. Wood Pres
Address: 6 NW 35th Pl
Cape Coral, FL 33993

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:

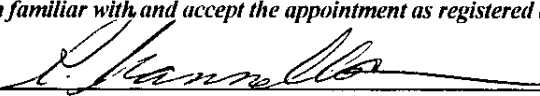
Name: Renni Mannella
Address: 6 NW 35th Pl
Cape Coral, FL 33993

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Corey M. Wood
Address: 6 NW 35th Pl
Cape Coral, FL 33993

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

9/23/2011

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

9/23/2011

Date

FILED
11 NOV - 2 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/1/2011

EFFECTIVE DATE