

P120000000859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

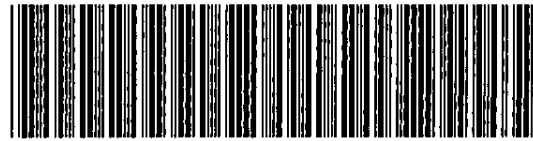
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -3 PM 1:45

Ps 1/4/12

## COVER LETTER

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

SUBJECT: Woodard's Electronics, 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: Charles W. Woodard, Ph.D.

Name (Printed or typed)

338 Spruce St

Address

Boynton Beach, Florida 33426

City, State & Zip

(561) 588-4924

Daytime Telephone number

camaspri@gmail.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**

Woodard's Electronics, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

338 Spruce St.  
Boynton Beach, FL 33426

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Conduct any Legal and Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

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

Name and Title: Dr. Charles W. Woodard, CEO  
Address: \_\_\_\_\_

338 Spruce St.  
Boynton Beach, FL 33426

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

Name and Title: Mary O. Woodard, Sec./Treasurer  
Address: 338 Spruce St.

Boynton Beach, FL 33426

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: Dr. Charles W. Woodard  
Address: 338 Spruce St.  
Boynton Beach, FL 33426

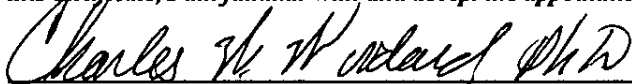
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Charles W. Woodard  
Address: 338 Spruce St.  
Boynton Beach, FL 33426

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*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*

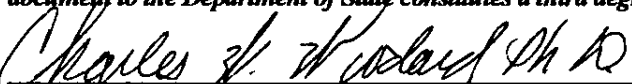


Required Signature/Registered Agent

1/02/2012

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

1/02/2012

Date