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Florida Department of State
Division of Corporations
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To: RA3715.170781
 Division of Corporations
 Fax Number : (850) 617-6381

From:
 Account Name : CORPDIRECT AGENTS, INC.
 Account Number : 110450000714
 Phone : (850) 222-1173
 Fax Number : (850) 224-1640

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
WORLD MAIL CENTER, INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: World Mail Center 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: David J Agardy

Name (Printed or typed)

8546 Palm Parkway

Address

Orlando Florida 32836

City, State & Zip

407-595-5600

Daytime Telephone number

worldmailcenter@cfl.rr.com

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

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

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

ARTICLE I NAME World Mail Center, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
David J Agardy
8548 Palm Parkway
Orlando Florida 32836

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Retail Pack & Ship

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100 common stock with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David J Agardy	Name and Title: Barbara Heffelfinger
Address: 9765 Pecky Cypress Way	Address: 9765 Pecky Cypress Way
Orlando Florida 32836	Orlando Florida 32836
_____ 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: NRAI Services, Inc.
Address: 515 E Park Avenue
Tallahassee Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:
Name: Barbara Heffelfinger
Address: 9765 Pecky Cypress Way
Orlando Florida 32836

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

Katie Wonsch Katie Wonsch, Asst Sect 08/06/12
Required Signature/Registered Agent 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.

[Signature] 8/3/2012
Required Signature/Incorporator Date

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