

713000010906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

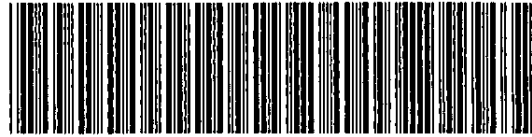
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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13 FEB - 1 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LEWIS FEB 04 2013

**COVER LETTER**

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

**SUBJECT: Waveoid Corp.**

(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: Jackie J. Schulman**

Name (Printed or typed)

**2904 Victoria Place, # D3**

Address

**Coconut Creek, Fl. 33066**

City, State & Zip

**954-644-9728**

Daytime Telephone number

**jjschulman@aol.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: Waveoid Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2904 Victoria Place, # D3

Coconut Creek, Fl. 33066

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General business practices

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jackie J. Schulman, P, S

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

Address 2904 Victoria Place

Address: \_\_\_\_\_

# D3

Coconut Creek, Fl. 33066

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(conti.)

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: Jackie J. Schulman  
Address: 2904 Victoria Place, # D3  
Coconut Creek, Fl. 33066

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

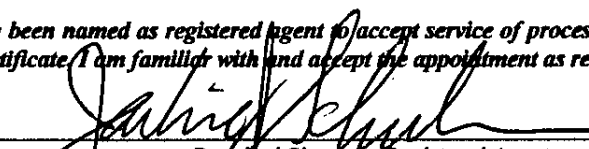
Name: Jackie J. Schulman  
Address: 2904 Victoria Place, #D3  
Coconut Creek, Fl. 33066

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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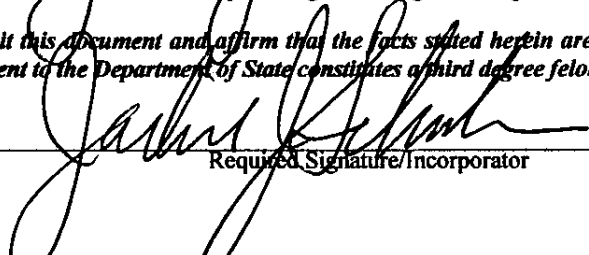
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

Jan. 29, 2013  
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

Jan. 29, 2013  
Date