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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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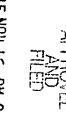
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SECRETARY OF STATE MILAHASSEE PLORIDA



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COVER LETTER

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

Wood Industries Incorporated

SUBJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:	
	©□.\$78.75 Exertificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:		e (Printed or typed)		
	712 Nicolet Avenue Suite 27	e (rimea or typea)		
	_	Address		
	Winter Park. Florida 32789			
	City	, State & Zip		
	863-614-3460			
	Daytime '	Telephone number		
	clintonwoodrn@yahoo.com			
	E-mail address: (to be use	ed 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 corporate	Wood Industries Incorporate	xd	i flata!
ARTICLE II PRINC			15 NOV 16 PM 2: 43
	Principal street address	Mailing add	bress, if different is: SECRETARY OF STATE VALLAHASSEE FLORIDA
712 Nicolet Avenue Suite 27		Suite 27	ALLAHASSEE PLORIDA
Winter Park, Florida 32	789	Winter Park, Florida	1 32789
ARTICLE III PURPO The purpose for which the	SE Any and a corporation is organized is:	all lawful business	
			
ARTICLE IV SHARI	S 10,000,000 stock is:		
the number of shares of	STOCK IS:		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Name and Title	Clinton I Wood Se CEO	Name and Title	
Address	712 Nicolet Avenue		
Address	Suite 27		
	Winter Park, Florida 32789		
	Chona G. Wood Vice-President		
Name and Title:	712 Nicolet Avenue	Name and Title:	
Address	Suite 2?	Address:	
	Winter Park, Florida 32789		
			
Name and Title:		Name and Title:	
Address		•	
			

Name a	nd Title:	_ Name and Title:	APPROVE:
Addre	ss	Address:	AND
	,		- Comp Stage Stage
		_	15 NOV 16 PM 2: 43
			SECRETARY OF STATE
			TALLAHASSEE PLORIDA
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the exciptored except	: ·
Name:	Clinton L. Wood, Sr.	or me registered agent.	
Address:	712 Nicolet Avenue Suite 27	_	
	Winter Park, Florida 32789	· 	
ARTICI F VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	Clinton L. Wood, Sr.	_	
Address:	712 Nicolet Avenue Suite 27		
	Winter Park, Florida 32789	<u>.</u>	
Abrici o Lati			
	EFFECTIVE DATE: f other than the date of filing:	(OPTI	ONALL
(If an effective days after the Note: If the days	date is listed, the date must be specific and cann	ot be more than five e statutory filing requi	business days prior or 90 busines
	med as registered agent to accept service of proce		comparation at the place designate
this certificate,	I am familiar with and accept the appointment as re	egistered agent and ag	ree to act in this capacity
Vinto	ntwax		November 9, 2015
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo		
States	Zaha	·	November 9, 2015
Rea	nired Signature/Incorporator		Date

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