

COVER LETTER

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

SUBJECT: The Wooden Indian, 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: Michael Lewis
Name (Printed or typed)

67 NE 297th Ave
Address

Cross City, FL 32628
City, State & Zip

352-210-1246
Daytime Telephone number

double_eagle102065@yahoo.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: The Wooden Indian, Inc.

16 FEB 16 PM 4:34

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

12799 NW 93rd Ln

67 NE 297th Ave

Chiefland, FL 32626

Cross City, FL 32628

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A "for-profit" mobile catering & food vendor business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael S Lewis/President

Name and Title: George E Morris/VP

Address 67 NE 297th Ave

Address: 12799 NW 93rd Ave

Cross City, FL 32628

Chiefland, FL 32626

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Michael S Lewis
Address: 67 NE 297th Ave
Cross City, FL 32628

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael S Lewis
Address: 67 NE 297th Ave
Cross City, FL 32628

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Michael S Lewis

Required Signature/Registered Agent

FEB 12, 2016

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.

Michael S Lewis

Required Signature/Incorporator

FEB 12, 2016

Date