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**EFFECTIVE DATE**

2-15-16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB 19 PM 3:34

FEB 26 2016

T. BROWN

## COVER LETTER

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

SUBJECT: WOOD 'N FUN 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: STANLEY S. GOODMAN  
Name (Printed or typed)

13648 TROIA DRIVE  
Address

ESTER, FL 33928  
City, State & Zip

239-287-3563  
Daytime Telephone number

STANGOODMAN1959@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

The name of the corporation shall be: WOOD'N FUN INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
13648 TROIA DRIVE  
ESTERO, FL 33928

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURE, MARKET, AND SELL WOOD KITS FOR  
CHILDREN AND EXCEPTIONAL PEOPLE TO ASSEMBLE AND  
KEEP.

ARTICLE IV SHARES

The number of shares of stock is: 100

EFFECTIVE DATE  
2-15-16

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STANLEY GOODMAN - PRES. Name and Title: \_\_\_\_\_

Address 13648 TROIA DR. Address: \_\_\_\_\_  
ESTERO, FL 33928

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: HELEN GOODMAN

Address: 13648 TROIA DRIVE, ESTERO  
FLORIDA 33928

**ARTICLE VII INCORPORATOR**

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

Name: STANLEY GOODMAN

Address: 13648 TROIA DR.  
ESTERO, FL 33928

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: FEB. 15, 2016 (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*

Helen Iris Goodman  
Required Signature/Registered Agent

2/15/2016  
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.*

S. Goodman  
Required Signature/Incorporator

2/15/2016  
Date