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(Rec	juestor's Name)	
(Add	Iress)	·
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
TALLAHISSEE, TORIDA



COVER LETTER

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Department of State New Filing Section Division of Corpora			Garden (· · ·	
P. O. Box 6327 Fallahassee, FL 323	314		· · ·		
SUBJECT:	Woodley	Inc			
- "	(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INC</u> I	LUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation ar	nd a check for:	1	
\$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 C	OPY REQUIRED		
FROM:	Bran Wa	(Printed or typed)		16 M	TALL.
	7670	S Aragon	blue with	MAY -9	ENASS
	Sunnisa, 1	FC 3339	<u>د</u> ک	AM II: 35	EE, FLOR
	(954)	State & Zip 9 1 9 1 9 1		5	NO.
	Daytime Te	SIY & Loth	ail com		
	E mail addrage; (to be used	for future annual renor	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 corporatio	n shall be:	Noodley	tac		at	_
	PAL OFFICE rincipal street address	s		Mailing address,	if different is:	
7610 S	Argon DI	Vd Unit 1				
ARTICLE III PURPOS The purpose for which the	Ecorporation is organ SINES United	permitte States	engage 1 Und:	in any the Sta	activity laws of	7] Florid
					16 MA	TALLAT
ARTICLE IV SHARES The number of shares of sto	ock is:				-9 AM II: 35	ASSEE TORI
Name and Title:	Drigh Wood 7620 S Void 1	11 0	Name and Title Address:	::	S	DA —
<i>₹.</i> <u>-</u>	Sunise F	L 33371	-			
			_ Address:			
				y:		
_			_			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name:	1
Address: Dign Wood This R	Fragon Blud Unit 1
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: Address: Name: Address: Name: Address:	33322 Unit 1 35 SEE TORING STATE OF STA
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be days after the filing.)	. (OPTIONAL) specific and cannot be more than five business days prior or 90 business
<u>Note:</u> If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as of Syste's records.
Having been named as registered agent to accept this certificate, I am familiar with and accept the	of service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
Required Signature/Re	
I submit this document and affirm that the foly document to the Department of State constitutes	stated herein are true. I am aware that the false information submitted in a g.third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date