

P17000047390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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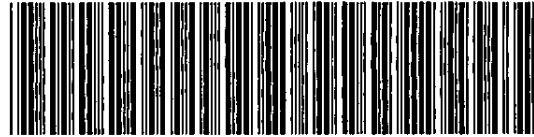
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY 30 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 05/31/17

COVER LETTER

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

SUBJECT: WOOSTER WELL DRILLING, 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: LES C. SHIELDS

Name (Printed or typed)

685 ROYAL PALM BEACH BLVD.

Address

ROYAL PALM BEACH, FL 33411

City, State & Zip

(561) 793-1200

Daytime Telephone number

LESCSHIELDS@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: WOOSTER WELL DRILLING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

510 BUSINESS PARKWAY

SUITE J

ROYAL PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY BUSINESS RELATED TO WATER WELL DRILLING AND PUMP CONTRACTING, PUMP AND WELL SERVICE AND REPAIR, DRILLING EQUIPMENT AND SUPPLIES.

L. ALVIN WOOSTER- FL WATER WELL CONTRACTOR'S LICENSE NO.: 1759

STEPHEN WOOSTER- FL WATER WELL CONTRACTOR'S LICENSE NO.: 2469

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALVIN WOOSTER, PRESIDENT- 51%

Name and Title: STEPHEN WOOSTER, V.P. - 24.5%

Address 510 BUSINESS PARKWAY

Address: 510 BUSINESS PARKWAY

SUITE J

SUITE J

ROYAL PALM BEACH, FL 33411

ROYAL PALM BEACH, FL 33411

Name and Title: RUTH WOOSTER, SECRETARY. - 24.5%

Name and Title: _____

Address 510 BUSINESS PARKWAY

Address: _____

SUITE J

ROYAL PALM BEACH, FL 33411

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: LES C. SHIELDS, MORRIS & SHIELDS, PA
Address: 685 ROYAL PALM BEACH BLVD. STE. 205
ROYAL PALM BEACH, FL 33411

ARTICLE VII INCORPORATOR

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

Name: L. ALVIN WOOSTER
Address: 510 BUSINESS PARKWAY, STE. J
ROYAL PALM BEACH, FL 33411

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TALLAHASSEE, FLORIDA

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 days prior or 90 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

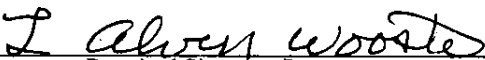


Required Signature/Registered Agent

5/24/17

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

5/24/17

Date