

P20000035369

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
 Account Number : 075350000353
 Phone : (800) 221-2972
 Fax Number : (718) 889-7420

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

K. PAGE
MAY 13 2020

FLORIDA PROFIT/NON PROFIT CORPORATION
WOUND LOGIX INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME WOUND LOGIX INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
708 Kingston Ct 708 Kingston Ct
Apollo Beach, FL 33572 Apollo Beach, FL 33572

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES 200
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Joanne Suchma/PRESIDENT Name and Title:
Address 708 Kingston Ct Address:
Apollo Beach, FL 33572

Name and Title: Name and Title:
Address Address:

Name and Title: Name and Title:
Address Address:

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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: Joanne Suchma
 Address: 708 Kingston Ct
 Apollo Beach, FL 33572

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joanne Suchma
 Address: 708 Kingston Ct
 Apollo Beach, FL 33572

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

Joanne Suchma 5.13.2020
 Required Signature/Registered Agent 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.

Joanne Suchma 5.13.2020
 Required Signature/Incorporator Date