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FLORIDA PROFIT/NON PROFIT CORPORATION WALDROP HOLDINGS, INC.

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Waldrop Holdings, Inc.

COVER LETTER

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

SUBJECT:

	(PROPOSED CORPORA	te name – <u>must incl</u>	ODE SOFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:		
□ \$70.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:		d D. Waldrop			
	Name (Printed or typed) 28100 Bonita Grande Drive, Suite 305				
	Address				
	Bonita Springs, Florida 34135				
	City, State & Zip				
	(239) 405-7777 Daytime Telephone number				
	Ron.Waldrop@waldropengineering.com				
	E-mail address: (to be used	for future annual report r	notification)		

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE

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

EH PRI	NCIPAL OPPICE		
	Principal street address	Mailing addr	ess, if different is:
Bonita Grai 05	nde Drive		
	orida 34135		
EIN PUR	RPOSE		
ose for whic	ch the corporation is organized is: Any and a	ll lawful business.	
			
			
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EIV SH	ARES		
EIV SH	ARES 8 of stock is: 100,000		
EIV SH.	ARES n of stock is: 100,000		
ber of shares	g of stock is: 100,000		
BV INI	of stock is: 100,000 TIAL OFFICERS AND/OR DIRECTORS		
iber of shares	of stock is: 100,000 TIAL OFFICERS AND/OR DIRECTORS le: Ronald D. Waldrop, PE, President/Secretary	Name and Title:	
B V INI	of stock is: 100,000 TIAL OFFICERS AND/OR DIRECTORS	Name and Title:	
ber of share	TIAL OFFICERS AND AR DIRECTORS Remaid D. Waldrop, PE, President/Secretary 28100 Bonita Grande Drive		
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B V INI	TIAL OFFICERS AND OR DIRECTORS Remaid D. Waldrop, PE, President/Secretary 28100 Bonita Grande Drive Suite 305		
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BV JM ame and Tit	TIAL OFFICERS AND OR DIRECTORS Remaid D. Waldrop, PE, President/Secretary 28100 Bonita Grande Drive Suite 305	_ Address:	
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BV IMI ame and Tit ddress Name and T	TIAL OFFICERS AND OR DIRECTORS Remaid D. Waldrop, PE, President/Secretary 28100 Bonita Grande Drive Suite 305 Bonita Springs, Florida 34135	Address:	SECRETARY OF TALL/HASSE
BV IM ame and Tit ddress Name and T Address	TIAL OFFICERS AND OR DIRECTORS Remaid D. Waldrop, PE, President/Secretary 28100 Bonita Grande Drive Suite 305 Bonita Springs, Florida 34135	Address:	SECRETARY OF ST TALL/HASSEE.
BV JM ame and Tit ddress Name and T Address	TIAL OFFICERS AND OR DIRECTORS le: Royald D. Waldrop, PE, President/Secretary 28100 Bonita Grande Drive Suite 305 Bonita Springs, Florida 34135	Address: Name and Title: Address:	SECRETARY OF L TALL/HASSE

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Name a	and Title:	Name and Title:	
Addre	ss	Address:	
			
ARTICLE VI	- REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Ronald D. Waldrop		
Address:	28100 Bonita Grande Drive, Suite 305	_	
	Bonita Springs, Florida 34135	-	
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Scot W. O'Brien	-	
Address:	1445 Ross Ave., Suite 2400	_	
	Dailas, Texas 75202	_	
A Parameters at a server			
Effective date, i	f other than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the	
Note: If the dat	te inserted in this block does not meet the apolicable	e statutory filing requirements, this date will not be liste	d sa
the document's	effective date on the Department of State's records	-	7 92
Haying been na	med as registered agent to accept service of process;	for the above stated corporation at the place design ated i	n this
certificate, I am	familiar with and accept the appointment as registe	red agent and agree to act in this capacity	
	11/onld Waldres	8/10/21	
	Required Signature/Registered Agent	Date	_
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted as provided for in s.817.155. P.S.	in a
50	1) 200	LLE 22	
Required Signat	ure/incorporator	Date Date	
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