

A 240000010579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

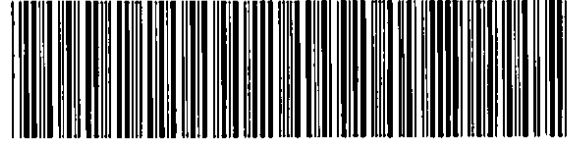
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200422236832

RECEIVED
2024 JAN 31 PM 1:59
2024
ALLAHASSEE FLOR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2024

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: WOODMONT HOLDINGS INC.
Ref. Number: W24000017785

We have received your document for WOODMONT HOLDINGS INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L04000089413.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 524A00002304

PLEASE keep original file date.

Thank you!

RECEIVED
2024 FEB -7 PM 1:52
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01/31/2024

NAME: WOODMONT HOLDINGS INC.

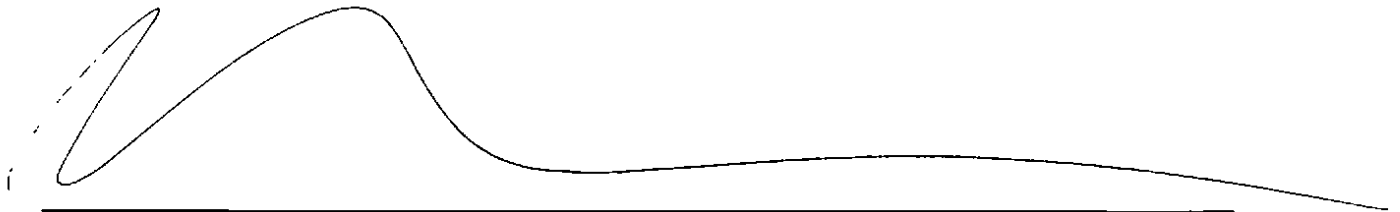
TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: Woodcrest Holdings 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: Yolofsky Law, P.A.
Name (Printed or typed)

100 SE 3rd Ave, Ste 1000
Address

Fort Lauderdale, Florida 33394
City, State & Zip

(954) 237-4011
Daytime Telephone number

ajy@yolofskylaw.com
E-mail address: (to be used for future annual report notification)

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

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: Yolofsky Law, P.A.
Address: 100 SE 3rd Ave, Ste 1000
Fort Lauderdale, Florida 33394

ARTICLE VII INCORPORATOR

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

Name: Richard J Crescenzo
Address: 7386 Woodmont Ct
Boca Raton FL 33434

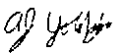
ARTICLE VIII EFFECTIVE DATE:

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

 Feb 6, 2024
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.

 Feb 6, 2024
Required Signature/Incorporator Date

619
113