

P95000000196

TRANSMITTAL LETTER

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

SUBJECT: WME  
INC.

(proposed corporate name)

RECEIVED  
TALLAHASSEE, FLORIDA  
DEC 30 1995  
SECRETARY OF STATE

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50.

FROM:

EUGENIA M. WOOD

Name (printed or typed)

6365 EVARD AVE.

Address

SPRING HILL, FL 34608

City, State, & Zip

(904) 596-7365

Telephone Number

Lee

GAVE

AUTHORIZATION BY PHONE TO

CORRECT RA address - Art. IV

DATE 1-3-95

DOC. EXAM State

Note: Please provide the original and one copy of the Articles.

51  
1-3

ARTICLES OF INCORPORATION  
OF

~~WME~~ WME INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED  
94 DEC 30 1994  
SUGGESTED FILING DATE  
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

~~WME~~ INC.  
WME

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4029 MARINER BLVD  
SPRING HILL FL 34609

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EUGENIA M. WOOD  
4029 MARINER BLVD  
SPRING HILL FL 34609

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

EUGENIA M. WOOD  
6365 EVARO AVE  
SPRING HILL FL 34608

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26<sup>th</sup> day of December, 19 94.

Eugenia M Wood  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: WHE  
WHE INC.

2. The name and address of the registered agent and office is:

EUGENIA M. WOOD  
(NAME)

4029 MARINER BLVD  
(P.O. BOX NOT ACCEPTABLE)

SPRING HILL FL 34609  
(CITY/STATE/ZIP)

94 DEC 30 10 07 AM  
STATE  
TALLAHASSEE FLORIDA  
FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Eugenia M. Wood

DATE 12-26-94

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000000196**

1. Corporation Name

**WME INC.**

Principal Place of Business

**4029 MARINER BLVD.  
SPRING HILL FL 34609**

Mailing Address

**4029 MARINER BLVD.  
SPRING HILL FL 34609**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/30/1994**

5. FEI Number

**59.3292244**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 11. Additional or Fee required.  
Change of status of corporation

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PM/ST	Eugenia Wood	4029 Mariner Blvd	Spring Hill FL 34609

**REINSTATEMENT** 95  
9/23/95  
NOT

8. Name and Address of Current Registered Agent

**WOOD, EUGENIA M  
6365 EVARO AVE.  
SPRING HILL FL 34609**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.505, F.S.

Signature of  
Registered Agent

*Eugenia M Wood*  
REGISTERED AGENT MUST SIGN

Date **9/21/95**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Eugenia M Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/21/95**  
Date

**904.686.1875**  
Daytime Phone #

CR2E040 (6/95)