P96000056544

J. ROSA & ASSOCIATES, INC.
7310 W. McNAB ROAD, STE. 209
Tamarac, FL 33321

Address

City/State/Zip Phone #

200001880802
-07/02/96--01003--002
*****70.00 *****70.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known):**

1. WODA SAILS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| | NEW FILINGS |
|---|---|
| | Profit |
| | NonProfit |
| | Limited Liability |
| | Domestication |
| | Other |

| | AMENDMENTS |
|---|---|
| | Amendment |
| | Resignation of R.A., Officer/ Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| | OTHER FILINGS |
|---|---|
| | Annual Report |
| | Fictitious Name |
| | Name Reservation |

| | REGISTRATION/ QUALIFICATION |
|---|---|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

FILED
96 JUL -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-5-96

| Examiner's Initials | |
|---|---|

CR2E031(1/95)

FILED
96 JUL -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION
# OF

WODA SAILS, 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.

## ARTICLE I NAME

The name of the corporation shall be:

WODA SAILS, INC.

## ARTICLE II PRINCIPAL OFFICE

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

6934 Pompeii Rd
Orlando, Fl 32822

## ARTICLE III CAPITAL STOCK

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

## ARTICLE IV INITIAL REGESTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

TIMOTHY NORMAN TRUMBLE
6934 Pompeii Rd
Orlando, Fl 32822

## ARTICLE V -INCORPORATORS

The names and address of the person (s) signing these Articles of Incorporation are as follows:

Name Timothy Norman Trumble
Address 6934 Tompall Rd
City Orlando State Fl Zip 32822

Name _____
Address _____
City _____ State _____ Zip _____

Name _____
Address _____
City _____ State _____ Zip _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 20 day of June, 1996.

_____ (Seal)
_____ (Seal)
_____ (Seal)

STATE OF Florida )
COUNTY OF Broward ) SS

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Timothy Norman Trumble

known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that ___ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 20 day of June, 1996.

Michelle Rosa
(Notary Public, State of Florida at large)

(Notary Seal)

My Commission expires: April 3, 1998

NOTARY PUBLIC STATE OF FLORIDA
My Comm. Exp.

NOTARY PUBLIC STATE OF FLORIDA
MICHELLE ROSA
Commission #CC
Expires April 3,
Bonded Through
Alan Insurance Services

9. Officers:

President: Timothy Norman Trumble
Address: 6934 Pompeii Rd
Orlando, Fl 32822

Vice President: _____
Address: _____

Secretary: Timothy Norman Trumble
Address: 6934 Pompeii Rd
Orlando, Fl 32822

Treasurer: _____
Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: Timothy Norman Trumble
Office Address: 6934 Pompeii Rd
Orlando, Fl 32822
City Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: _____

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Timothy Norman Trumble, President
(Name and capacity of person signing application)

FILED

96 JUL -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# CERTIFICATE OF DESIGNATION
# REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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:

WODA SAILS, INC.

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

Timothy Norman Trumble
(Name)

6934 Pompeii Rd
(P.O. Box NOT acceptable)

Orlando, Fl 32822
(City/State/Zip)

Signature

Title President

Date 6-20-96

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Date 6-20-96

REGISTERED AGENT FILING FEE: $35.00