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

SUBJECT:	WYD, CORI	rate name - must include sur	BERTATION.	<u>C</u> om _	
		/9	000 <u>0</u> 2787 -02/25/990 *****87,50	0196 1045009 *****87.50	
Enclosed is 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 COI	PY REQUIRED		
FROM:	BRIAN RI	inted or typed)		-	
	2843 SABAG	ddress		· =	
	DELRAY BEACH City, S	H FL 334 tate & Zip	43 3 3 3 4 4 3 3 3 4 4 4 4 4 4 4 4 4 4]	
	561-702- Daytime Tel	ephone number	Aff 9:		
CORRECT <u>Nemore</u> CORRECT <u>Nemore</u>	GAVE PHONE TO OBAJion article'I		36 		
OC. EXAM BO NO	OTE: Please provide the orig	ginal and one copy of t	he articles.	3000 449	
		B. BROCK MAD	5 1600 SAN		

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

WYD, CORP.

ARTICLE II PRINCIPAL OFFICE

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

SABALWOOD CT. DELRAY BCH.

ARTICLE III SHARES

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

1000

<u>INITIAL REGISTERED AGENT AND STREET ADDR</u>

The name and Florida street address of the initial registered agent are:

BRIAN RUSSO 2843 SABAWOOD

CT. DELRAY BCH, FL

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BRIAN RUSSO

SABALWOOD CT. DELRAY BEACH,

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent