# P99000093660

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

WTAS,

INC

**SUBJECT:** 

800003021338--5 -10/21/99--01086--018 \*\*\*\*\*78.75 \*\*\*\*\*78.75

	(Proposed corp	orate name - must include su	ffix)	
Enclosed is an origin	nal and one(1) copy of the artic	les of incorporation and	a check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED	
FROM		rd	<del> </del>	
P.O. Box 1250 Address			SECNETAL TALL AHAS	99
	Venice, Fl 34284-1250 City, State & Zip			PM 12: LS
(941) 484-2000				
	Daytime T	elephone number		·

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

## 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:

WTAS, INC

### PRINCIPAL OFFICE

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

101 W. VENICE AVE, SUITE 13 VENICE, FL 34285

#### ARTICLE III SHARES

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

1,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert J. Woodward

101 W. Venice Ave, Suite 13

Venice, Fl 34285

## ARTICLE V INCORPORATOR

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

Robert J. Woodward

101 W. Venice Ave, Suite 13

Venice, Fl 34285

Date

(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 aftent

Signature/Registered Agent

10-19-99