TRANSMITTAL LETTER 000/10366 SOUCCO MEDICAL PROPERTY OF STATE OF

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

SUBJECT:	Wotami.Com, Inc.			
(Proposed corporate name - must include suffix)				
Enclosed is an origin	nal and one(1) copy of the article		10003075: -12/21/990 *****76,75 check for:	9097 1017006 ******78.75
☐ \$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	
FROM: Gregory E. Carmichael				
Name (Printed or typed)				
4190 Malden Drive Address				
	Sarasota, Florida City, S	34241 State & Zip		
	(941) 377-9115 Daytime Te	lephone number		e de censes

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

The name of the corporation shall be:

Wotami.Com, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4190 Malden Drive Sarasota, FL 34241

ARTICLE III **SHARES**

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

1,000,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gregory E. Carmichael 4190 Malden Drive

Sarasota, FL <u>ARTICLE V IN</u> INCORPORATOR

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

Gregory E. Carmichael 4190 Malden Drive Sarasota, FL 34241

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