(Proposed corporate name - must include suffix)

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

SUBJECT: _

300003050778--2 -11/22/99--01067--014 ******78 75 ******78 75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	

□ \$70.00 □ \$78.75

Filing Fee Certificate of Status

□ \$78.75

Filing Fee & Certified Copy

ADDITIONAL COPY REQUIRED

□ \$87.50

Filing Fee,

Certified Copy

& Certificate

FROM: _	JOHN C. WHITMAN Name (Printed or typed)	-			, ***	
	6180 KANI BN Address	_	SECRE	99 NO	-	
_	MILBOULUZ RL 32940 City, State & Zip	<u> </u>	TARY OF	V 22 M	FILED	
	407-242-7714 Daytime Telephone number	- ₌	SIATE	9: 07		. -

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

NAME

The name of the corporation shall be:

JOHN R. WHITHIST MEMORIAL KIND, INC

ARTICLE II PRINCIPAL OFFICE

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

6180 KARI DL

MELBOURNE, PLOPIDA 32840

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

TO PASS MONEY FOR VARIOUS CHARITABLE ELGANIZATIONS

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

BU DIRECTORS ARE APPOINTED BY THE REGISTERES AGOUT

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN C. WHITHAN

LOISO KARI BA

MCCBOURNE, PLORIDA 32940

INCORPORATOR

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

JOHN C. WHITMAN

JOHN C. WHI.

BIFO KARI DL

MCLBOURNE, PLORADA 329P

1-199-99

Pate

(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.

1419-99