

TRANSMITTAL LETTER
P00000066807

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

FILED
08 JUL 10 PM 11:18
SECRETARY OF STATE
TALLAHASSEE, FL 32304

SUBJECT: EWD INVESTMENT CORP.
(Proposed corporate name - must include suffix)

900003318559--7
-07/10/00--01127--007
*****78.75 *****78.75

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 COPY REQUIRED

FROM: WAVERTON D. DIXON
Name (Printed or typed)

10521 MAHOGANY KEY CIRCLE, #108
Address

MIAMI, FL 33196-0000
City, State & Zip

(305) 302-7251
Daytime Telephone number

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

7-12
WC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

EWD INVESTMENT CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10521 MAHOGANY KEY CIRCLE, #108
MIAMI, FL 33196-0000.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PURCHASE, SELL AND HOLD REAL ESTATE PROPERTIES AND OTHER MARKETABLE SECURITIES.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES @ \$1.00 EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

WAVERTON D. DIXON - OWNER (50.00%)

EL-ROY D. DIXON - OWNER (50.00%)

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

WAVERTON D. DIXON
10521 MAHOGANY KEY CIRCLE, #108
MIAMI, FL 33196-0000.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

WAVERTON D. DIXON
10521 MAHOGANY KEY CIRCLE, #108
MIAMI, FL 33196-0000.

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



Signature/Incorporator

7/6/00

Date

7/6/00

Date

FILED
00 JUL 10 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA