# POODOOOB7795

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

SUBJECT:	WILLANIN TEXTILES IN			
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	- A-
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Unalogadia an ania	Santant Cath		*****78,75	*****78.75
Enclosed is an orig	ginal and one(1) copy of the article	es 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	
FROI		inted or typed)	ÄLLÄH	OO SEP
1411 N. PINE HILLS RD  Address				
ORLANDO FL 32808  City, State & Zip				
	407 363 984 Daytime Te	11 lephone number	en encounter la lorge de la lo	

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation u	inderithe .	Florida
Business Corporation Act, hereby adopts the following Articles of Incorpo	ration.	

### ARTICLE I NAME

The name of the corporation shall be:

WILLANIN TEXTILES INC

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SECRETARY OF STATE
TALLAHASSEE, FLORINA

### ARTICLE II PRINCIPAL OFFICE

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

1411 N. PINE HILLS RD ORLANDO FL 32808

### ARTICLE III SHARES

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

THREE THOUSAND (3000)

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ANINA WILLIAMS 783 S. TEXAS AVE ORLANDO FL 32805

### ARTICLE V INCORPORATOR

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

ANINA WILLIAMS 783 S. TEXAS AVE ORLANDO FL 32805

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Signature/Incorporator

08 - 31 - 00

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 agent

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Signature/Registered Agent

Date