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

Tunuini 5500, T17 525	14	90	00034367 -10/24/00016 *****87.50	'590)51-015 *****87.50
SUBJECT:	WBNWS, Inc. (Proposed corpor	ate name - must include suf	Tix) Price	POR AND
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:Scott Wallace Name (Printed or typed)				
393 County Rd 318 Address				
Citra, Fl 32113 City, State & Zip				
	_(352) 595-5612	·		

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

Daytime Telephone number

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:

WBNWS, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17786 N US HWY 301 Citra, Fl 32113 and mailing

393 County Rd 318 Citra, Fl 32113

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ARTICLE III SHARES

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

1,000 (one thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Scott Wallace 393 County Rd 318 Citra, Fl 32113

ARTICLE V INCORPORATOR

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

Scott Wallace 393 County Rd 318 Citra, Fl 32113

Signature/Incorporator / Registered Agent

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