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TRANSMITTAL LETTER

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

FILED
00 NOV 28 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: WBS & Associates Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003471536--1
-11/20/00--01160--018
*****87.50 *****87.50

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: William B. Swain
Name (Printed or typed)

P.O. Box 510303
Address

Melbourne Beach, FL 32951
City, State & Zip

321-951-4004
Daytime Telephone number

William Swain GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 11-28-00
DOC. EXAM CB

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

WBS 11-17-00

CB 11-28
11-27749

ARTICLES OF INCORPORATION
OF

WBS & Associates Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation is: WBS & Associates Inc..

ARTICLE II

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

P.O. Box 510303
Melbourne Beach, FL 32951

ARTICLE III

The capital stock of this corporation shall be 1,000 shares of \$1.00 par value common stock.

ARTICLE IV

The name and address of the initial registered agent is:

William B. Swain
1300 Atlantic St #9
Melbourne, Bch FL 32951

ARTICLE V

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

NAME

ADDRESS

William B. Swain

P.O. Box 510303
Melbourne Beach, FL 32951

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.



William B. Swain
Registered Agent / Incorporator

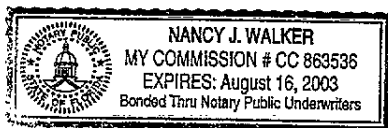
STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, **William B. Swain**, who is personally known to me or who produced FL DL as identification to me and who executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 17 day of NOV., 2000.



Notary Public, State of Florida at Large



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00 NOV 28 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA