

P000001/3229

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00 NOV 22 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

200003474712--9
-11/22/00--01075--013
*****87.50 *****87.50

SUBJECT: Wicasa Inc..
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Lycurgus E. Kidder
Name (Printed or typed)
22770 hwy. 29 po. box 567
Address
copeland fla. 34137
City, State & Zip
941-430-9711
Daytime Telephone number

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

W-27950
P 11-27



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 27, 2000

LYCURGUS E. KIDDER
22770 HWY 29, PO BOX 567
COPELAND, FL 34137

SUBJECT: WICASA INC.
Ref. Number: W00000027950

We have received your document for WICASA INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Joey Bryan
Document Specialist

Letter Number: 700A00060257

Articles of Incorporation

of

WICASA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator to these articles of incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the state of Florida

Article I Name

The name of the corporation shall be WICASA, INC.

Article II Principal Office

The principal place of business and mailing address of corporation shall be:
22770 Hwy 29 Copeland, Fl 34137
P.O. Box 567 Copeland, Fl 34137

Article III Purpose / Duration

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, county, territory or nation.

This corporation is to exist perpetually.

Article IV Capitol Stock

This corporation shall be authorized to issue 500 shares of one dollar and no/oo (\$1.00) par value stock

Article V Directors/Officers

This corporation shall initially have one Director. The number of Directors may increase or decrease according to the by-laws, but shall never be less than one. The initial Director shall be:

Steven Hill
22770 Hwy 29, P.O. Box 567
Copeland, Fl 34137

Officers shall be as follows at corporation inception:

President/Treasurer

Steven Hill
22770 Hwy 29 P.O. Box 567
Copeland, Fl 34137

Vice President/Secretary

Lycurgus E. Kidder
22770 Hwy 29 P.O. Box 567
Copeland, Fl 34137

Article VI Registered Agent

The initial Registered Agent shall be:

Lycurgus E. Kidder
22770 Hwy 29 P.O. Box 567
Copeland, Fl 34137

Article VII Incorporator

The incorporator shall be:

Lycurgus E. Kidder
22770 Hwy 29 P.O. Box 567
Copeland, Fl 34137

Article VIII Preemptive Rights

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance fractional shares) at the price at which it is offered to others

Article IX No Removal of Directors

The shareholders shall not be intitled to remove any director from office without cause

Article X Indemnification

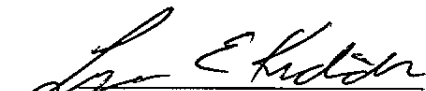
The corporation shall indemnify any officer or director, or any former officer or director to the full extent permitted by law.

Having been named as Registered Agent to accept service of process for the above named corporation at the place designated in this certification. I am familiar with and accept the appointment as Registered Agent. I agree and accept to act in this capacity.



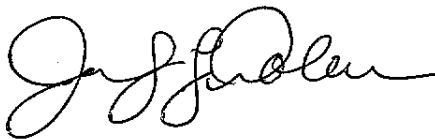
Lycurgus E. Kidder
Signature Registered Agent

11/20/00
Date



Lycurgus E. Kidder
Signature Incorporator

11/20/00
Date



Jennifer L. Dolan
MY COMMISSION # CC781234 EXPIRES
October 6, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
00 NOV 22 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA