TRANSMITTAL LETTER ハハスハ 01 MAR 14 AM 10:26 Department of State GF STATE **Division of Corporations** -8 30000388 P. O. Box 6327 -03/14/01--01084--010 Tallahassee, FL 32314 \*\*\*\*78.75 \*\*\*\*78,75 1 NC ENTERPRISES WILKEN TH SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **\$87.50 3** \$78.75 **X** \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED SUSAN W, LICON FROM: Name (Printed or typed) MITCHELL 174 Address City, State & Zip OVIEDO 407 - 366 - 9717 Daytime Telephone number

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

DEROWIN MAR 1 9 2001

ARTICLES OF INCORPORATION	· ·	
In compliance with Chapter 607 and/or Chapter 621, I	F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	<del></del>	- 01 MAR 14 AM 10:26
WILKEN ITT ENTERPRISE	es, Inc.	THE AND SSEE, FLORIS
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	<u>aan</u>	- r L CRIJA
174 MITCHELL HAMMOCK OVIEDO, FL 32765	Ro	
<u>ARTICLE III</u> <u>PURPOSE</u> The purpose for which the corporation is organized is		
TOWING Company	-	
$\frac{ARTICLE IV \qquad SHARES}{10,000}$	 	£
<u>ARTICLE V INITIAL OFFICERS /DIRECT(</u> The name(s) and address(es):	ORS (optional)	
SUSAN Wilken	- 	
OUIEDO, FL 32765	Ro	ибои-
ARTICLE VIREGISTERED AGENTThe name and Florida street address of the registere	d agent is:	<u>.</u>
Susan Wicken 174 Mirchen Hammach	Ro	<u>_</u>
ONLEDO, FL 32765 ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	T	
174 unitchen blommacie	C0	
OVIE00, FZ 32765		

Signature/Registered Agent

¢

\_\_\_\_\_3-12-01 Date

3-12-01 Date

Signature/Incorporator