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TRANSMITTAL LETTER

FILED

01 OCT 11 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

600004631296--7  
-10/11/01--01035--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: WXP INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: SHAWN BARBER  
Name (Printed or typed)

376 NESSLER WAY  
Address

Spring Hill FL 34609  
City, State & Zip

352-688-9006  
Daytime Telephone number

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

G. BLALOCK OCT 11 2001

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*WXP INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*376 NESSLER WAY  
Spring Hill FL 34609*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*TO OPERATE AS A RETAIL BUSINESS  
UNDER THE CORPORATE NAME WXP INC.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*PRESIDENT: SHAWN BARBER, 376 NESSLER WAY SPRING HILL FL 34609  
VICE PRESIDENT: DIANNA BARBER, 376 NESSLER WAY SPRING HILL FL 34609*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*SHAWN BARBER  
376 NESSLER WAY  
Spring Hill FL 34609*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*SHAWN BARBER  
376 NESSLER WAY  
Spring Hill FL 34609*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Shawn Barber*  
Signature/Registered Agent

*8-28-01*  
Date

*Shawn Barber*  
Signature/Incorporator

*8-28-01*  
Date

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