

PO1000099399

TRANSMITTAL LETTER

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

700004594347--2  
-09/17/01--01107--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Subject. The Incorporation

**Wilson Exchange, Inc**

Enclosed is an original and One (1) copy of the articles of incorporation and a check

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate *See ATTACHED LETTER*
- \$122.50 Filing Fee & Certified Copy
- \$131.25 Filing Fee, Certified Copy and

From:

**John B Wilson, CEO**

**19 NW 169 Street**

**N. Miami Beach**

**FL**

**33169**

**3056547715**

NOTE: Please provide the original and one copy of the

FILED  
01 OCT 12 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5  
WHITE OCT 12 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 20, 2001

JOHN B WILSON, CEO  
19 NW 169 ST  
N MIAMI BCH, FL 33169

SUBJECT: WILSON SERVICES, INC.  
Ref. Number: W01000021836

We have received your document for WILSON SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 401A00052667

Articles of Incorporation  
Of

FILED

01 OCT 12 AM 10:59

**Wilson Exchange, Inc**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation,*

**Article I - Name**

The name of the corporation shall

**Wilson Exchange, Inc**

**Article II - Principal Office**

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

Business Address:

Address: **19 NW 169 Street**

City: **N. Miami Beach**

State: **FL** Zip: **33169**

Mailing Address:

Address: **19 NW 169 Street**

City: **N. Miami Beach**

State: **FL** Zip: **33169**

**Article III - Shares of Company Stock**

The number of shares of stock that this corporation is authorized to issue is,

**1000 shares, no par value.**

**Article IV - Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

Name: **John B Wilson, CEO**

Address: **19 NW 169 Street**

City: **N. Miami Beach**

State: **FL** Zip: **33169**

**Article V - Incorporator(s)**

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

Name: John B Wilson, CEO

Address: 19 NW 169 Street

City: N. Miami Beach

State: Florida Zip: 33169

Name: Marialorna Wilson, President

Address: 19 NW 169 Street

City: N. Miami Beach

State: Florida Zip: 33169

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

3 day of October, 2001

J. B. Wilson  
Signature

Marialorna Wilson  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE**

**FILED**  
01 OCT 12 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PRESENT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING  
THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF

1. The name of the corporation

**Wilson Exchange, Inc**

2. The name and address of the registered agent and

Name: **John B Wilson, CEO**

Address: **19 NW 169 Street**

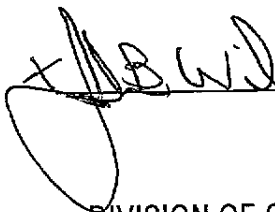
City: **N. Miami Beach**

State: **Florida**

Zip: **33169**

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.

  
Signature

**10/3/01**

Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Designation of Registered Agent Fee \$35.00