TRAISMIT/AL LITTER 5

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

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	,	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Watter M Name (Pr	inted or typed		- -	
	1514 Stonecrop Street ARE B				
	Sebastian		SEE FI	ED 3:58	
	561 38		ORIDA	; 58 ; 58	
Daytime Telephone number					

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

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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: W. Boyd Associ	ciates Inc.				
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Sebastian.	op Street Fl. 32958				
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To operate a private delive agency					
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): Walter M. Boyd Pres. Walter M. Boyd Secry	F 01DEC SECRE: TALLAH				
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Walter M. 1304 1514 Stone crop St. Sebestian, Fl. 32958	FILED 10EC -7 PM 3: 58 ECRETARY OF STATE ALLAHASSEE FLORIDA				
ARTICLE VII INCORPORATOR					
The <u>name and address</u> of the Incorporator is: Walter M. Bayd 1514 Stonecrop 8t. Sebastian Fi. 32958 ************************************	***********				
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					
Signature/Registered Agent	12/03/01 Date				
Signature/Incorporator	18/03/01 Date				