

### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000015175 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone

Fax Number

: (850)224-8870 : (850)222-1222

# FLORIDA PROFIT CORPORATION OR P.A.

W.J.S. Services, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03 4    |
| Estimated Charge      | \$78.75 |

H02000015175 1

## ARTICLES OF INCORPORATION

#### **OF**

#### W.J.S. Services, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is W.J.S. Services, Inc.

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4490 Crestwood Dr., St. Petersburg, FL 33714.

### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten (10) shares having a (1.00) par value.

H02000015175 1

O2 JAN 16 AM II: 53
SECRITARY OF STATE
TALLAHASSI E, FLORIDA

#### H02000015175 1

# ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is William John Smith, 4490 Crestwood Dr., St. Petersburg, FL 33714.

### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial board of Directors of the corporation is President/Director, William John Smith, 4490 Crestwood Dr., St. Petersburg, FL 33714, Secretary/Director, Carolyn S. Smith, 4490 Crestwood Dr., St. Petersburg, FL 33714.

#### ARTICLE VII: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 16th day of January 2002. Capital Connection, Inc., by Leilani White, Client Representative

H02000015175 -1-

#### CERTIFICATE OF DEGLORATION ARGISTERED AGERT/REGISTERED OFFICE

pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

| l.a           | The name | of the            | corporatio      | n 18:    | W.J.S Se | rvices,  | Inc     | · ·      |
|---------------|----------|-------------------|-----------------|----------|----------|----------|---------|----------|
|               |          |                   |                 |          |          |          | _       |          |
|               | The pane | and_gtr           | est addres      | s of the | register | ed agent | and     | office   |
| . <b>5</b> 1, | Willes   | n John<br>Grestin | Smith pod Drive |          | ·*       | · . —    | <u></u> | <u> </u> |
|               | 57. P.   | etersbu           | 10. FL 3        | 37/4     |          |          |         |          |

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF Process for the above stated corporation at the place designated in THIS CERTIFICATE, I MERESY 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.

H02000015175 1