

TRANSMITTAL LETTER

P02000017838

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

SUBJECT: Wylie's Way Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: William R Wylie  
Lisa Name (Printed or typed)

30 Harriette Dr  
Address

Stockbridge GA 30281  
City, State & Zip

Phone-Fax 770-389-0277  
Daytime Telephone number

200004914602--8  
-02/13/02--01045--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

02 FEB 13 AM 8:52  
FILED  
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

02 2/18

**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:

Wylie's Way Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

30 Harriette Dr or PO box 2271  
Stockbridge GA 30281

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Electrical Contracting.

**ARTICLE IV SHARES**

The number of shares of stock is:

500.

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

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

William R Wylie  
30 Harriette Dr Stockbridge GA 30281.  
Owner P-S-T

**ARTICLE VI REGISTERED AGENT**

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

William R Wylie  
12645 Morning Dr.  
Dade City, FL 33525

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is.

William R Wylie  
30 Harriette Dr Stockbridge GA 30281.

\*\*\*\*\*  
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

William R Wylie  
Signature/Registered Agent

2-9-02  
Date

William R Wylie  
Signature/Incorporator

2-9-02  
Date

FILED  
02 FEB 13 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA