

TRANSMITTAL LETTER

P02 0000 65974

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

SUBJECT: ON THE RISE IN WAKULLA INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 14 AM 10:19

Enclosed is 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: JOHN F. WEEKS
Name (Printed or typed)

9 CRAWFORD AVE
Address

CRAWFORDVILLE FL.
City, State & Zip

(850) 926-8262
Daytime Telephone number

RECEIVED
02 JUN 14 AM 10:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000005766830--3
-06/14/02--01025--009
*****87.50 *****87.50

Will wait

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

R. CHESSEY JUN 14

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:

ON THE RISK INOWAKULLA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

9 CRAWFORD AVE.
CRAWFORDVILLE FL. 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALVAGE & INSTALLATION OF RESIDENTIAL ELEVATORS

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JOHN F. WEEKS SR.
9 CRAWFORD AVE
CRAWFORDVILLE FL.
32327

GILBERT S. SANDERS
3058 SOPCHOPPY AVE
SOPCHOPPY FL. 32508

ARTICLE VI REGISTERED AGENT

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

JOHN F. WEEKS SR.
9 CRAWFORD AVE.
CRAWFORDVILLE FL. 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN F. WEEKS SR.
9 CRAWFORD AVE.
CRAWFORDVILLE FL. 32327

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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

John F. Weeks
Signature/Registered Agent

06/14/02
Date

John F. Weeks
Signature/Incorporator

06/14/02
Date