POJ-OCOLOJ8/5

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

SUBJECT: WARD INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 **578.75** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRE FROM: LONNIE WARD Name (Printed or typed) 1180 52ND. STREET Address SARASOTA, FLORIDA 34234 City, State & Zip

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

Daytime Telephone number

(941) 359-3000

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I Lonnie Ward	Jr.	will not	revoke	the	dissolution of	MARD	Inc.
, and release the name for use.							



Judy Sadler
MY COMMISSION # DD127124 EXPIRES
January 26, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

ARTICLES OF INCORPORATION

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 shall be:

WARD INC.

ARTICLE II PRINCIPAL OFFICE

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

1180 52nd. Street Sarasota, Fl. 34234



ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lonnie Ward, Jr. 1180 52nd. Street Sarasota, Fl. 34234

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Lonnie Ward, Jr. 1180 52nd. Street Sarasota, Fl. 34234

Signature/Incorporator

Dave

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date