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(Requestor's Name)	
(Address)	
,	
(Address)	_
(City/State/Zip/Phone #)	_
(City/State/Zip/Prione #)	
PICK-UP WAIT MAIL	
	_
(Business Entity Name)	,
(Constant Number)	_
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	7
Special instructions to Filling Officer.	
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Office Use Only	
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TRANSMITTAL LETTER

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

Enclosed are an orig	final and one (1) copy of the artic	cles of incorporation ar	nd a check for:	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
	ι Λ σ	ADDITIONAL C	OPY REQUIRED]
FROM:	Wilson	Printed or typed)	Steve 4	jilan)
	245 North	Sunnix	St.	
	Lake Helen	Address P 3 State & Zip	446	
	1-386-388	3-255>	<u> </u>	

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

TAGE C
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:
The name of the corporation shall be: Wilson Fix-I+ INC.
ARTICLE II PRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Fale Holln, Fl 33744 ARTICLE III PURPOSE
37744
Late Helln, Fe 30, 11
The purpose for which the corporation is organized is: Whow I Don Vintallation & other legal Lousiness
windows book trialiance of other regul
Ousirea
ARTICLE IV SHARES
The number of shares of stock is:
(33 A SUL)
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):
The name(s), address(es) and title(s): Steven B. W. Ison August Steven B. W. Ison Steve B. W. Ison Steven B. W. Ison Steve B. W. I
STEVEN TO THE
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of the form
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered exert in
The <u>name and Florida street address</u> of the registered agent is:
Steuen B. Wilson
STEUEN D. SUCCESSION H. I. HOUR
ARTICLE VII INCORPORATOR Love Helen fl 32744
The name and address of the Incorporator is
5+EUEN B. W. 1500
245 North Summit aux
Lake Holln Fl 32744
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
H 0 11 5/
Allven B. Wilson 4/25/03
Signature/Registered Agent Date
Stare 6 11 la
Simply May 13
Signature/Incorporator // Date