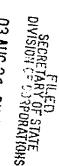
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	»)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



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TRANSMITTAL LETTER

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

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	SECRETARY OF STATE DIVISION OF CORPORATIONS
ARTICLE I NAME The name of the corporation shall be:	.03 AUG 26 PM 4: 33
Well Vested, Idc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
2532 5. Conway Road	
ARTICLE IIV PURPOSE	
The purchase sale and obtaining to ARTICLE IV SHARES	ral estate from
The number of shares of stock is:	The state of the s
10,000	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
Denvis Wellington	
Orlandos FZ 328/2	-
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
2532 S, Carway Board	
Orlando, Francisco 328/2 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
25 32 50 Contrody (Coad Ortan do Financia)	********
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	
Signature/Registered Agent	3/26/03 Date
signature/Incorporator	3/26/03 Date 103