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(Requestor's Name)		
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		

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SECRETARY OF STATE
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#### TRANSMITTAL LETTER

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

SUBJECT: Articles of Incorporation

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 78.75 for the Filing Fee and Certificate.

From: Gary Trice, President

Address: 1917 Presidio St.

City: Navarre State: Florida Zip Code: 32566

Daytime Telephone Number: (850)304.7984

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

## Wellingtonne Enterprises, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

1917 Presidio St. Navarre, Florida 32566 United States of America

#### ARTICLE III SHARES

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

### 10,000,000 Shares

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gary Trice, President & CEO 1917 Presidio St. Navarre, Florida 32566 United States of America

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are)

Gary Trice
 1917 Presidio St.
 Navarre, Florida 32566
 United States of America

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15th day of August 2003.

President

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

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: Wellingtonne Enterprises, Inc.
- 2. The name and address of the registered agent and office is:

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# Gary Trice, President & CEO (Name)

1917 Presidio St.
(P.O. Box or Mail Drop Box NOT acceptable)

Navarre, Florida 32566 (City/State/Zip)

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)

8/17/1003

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL. 32314

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