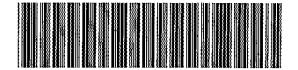
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(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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TRANSMITTAL LETTER

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

SUBJECT: W &	G New Dimensions, Inc.		
ODGEC 1.	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> L	UDE SUFFIX)
			, •
nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	I a check for:
\$70.00	□ \$78.75	☑ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
10	landadai Olivaina		
FROM:	/anderlei Oliveira	e (Printed or typed) -	 .
	, tarri	e (crimed or typed)	
	10407 Greenwich Ct. Eas	st	
		Address	
	•		
	Boca Raton, FL 33428		
	City	, State & Zip	
	561-488-7799		
		Telenhone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

W & G New Dimensions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10407 Greenwich Court East Boca Raton, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct Business Serices in accordance with the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

Gilmar Taborda 11143 Mandarin Street Boca Raton, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gilmar Taborda 11143 Mandarin Street Boca Raton, FL 33428

Signature/Incorporator

<u>Dq-19-03</u> Date