Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number : I19990000221

Phone : (631)224-9004 Fax Number

: (631)589-2848

FLORIDA PROFIT CORPORATION OR P.A.

Willow-B. Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE | -NAME

THE NAME OF THE CORPORATION SHALL BE:

Willow-B, Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

13217 Maple Street Odessa, FL 33556

ARTICLE III -SHARES

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

2000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director:

John Powell

13217 Maple Street, Odessa, FL 33556

V.President/Director:

Susan Marcello-Powell

13217 Maple Street, Odessa, FL 33556

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

John Powell 13217 Maple Street, Odessa, FL 33556

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ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh Incorporate Time.com, Inc. 35-37 Carleton Avenue, Suite 200 Islip Terrace, NY 11752

Kerry Walsh, Incorporator

Having been named registered agent and to accept service of process for the above stated corporation as 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.

John Powell, Registered Agent

Date Date

RETARY OF STATE
ON OF CONTROLS
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