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SECRETARIAN STATE

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	I a check for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: James W. Weeks Name (Printed or typed)				
P.O. Box 436 Address				
Chiefland, 71, 32644 City, State & Zip				
352-493-2300 Daytime Telephone 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
ARTICLE I NAME The name of the corporation shall be:	
Wallace Weeker Welding, Ive,	04 JAN 27 AM 8: 02 SECRETART LE STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	TALLAMASSEE, I COMBIN
The principal place of business/mailing address is:	
P.O. Doy 436 Chiefland, H. 32644 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Profit	,
ARTICLE IV SHARES	
The number of shares of stock is:	
	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
Dames W. Weekw, President 7. P.O. Boy 436 Chief. A. 30	Treasurer
P.O. Box 436 Chief- A. 30	2644
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Chiefland H. 32644	
The name and address of the Incorporator is:	
James W. Weeks	
P.D. Box 436 Chiefland, H. 3264.	
Having been named as registered agent to accept service of process for the above stated concertificate, Lam familiar with and accept the appointment as registered agent and agree to act	
James Well	1-24-04
Signature/Registered Agent	Date
Janes Mr Well	1-24-04
Signature/Incorporator	Date