

**P04000037808**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

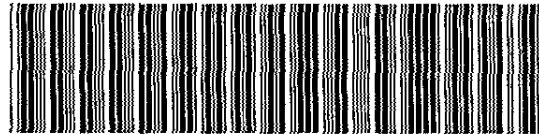
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02/27/04--01002--008 \*\*78.75

**RECEIVED**  
04 FEB 26 PM 3:25  
STATE  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FILED**  
2004 FEB 26 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 2/26/04

REF. #: 0173.23897

CORP. NAME: WESTERN COMMERCIAL CORPORATION

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                        | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                        | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION          |   |  |
| <input type="checkbox"/> OTHER:                               |   |  |

STATE FEES PREPAID WITH CHECK# 507594 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# 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:

Weston Commercial Corporation

2004 FEB 26 P 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 341  
Deerfield Beach, FL 33443

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for any and all lawful purpose or purposes

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 Common shares

## 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:

NRAI Services, Inc.  
526 E. Park Avenue  
Tallahassee, FL 32301

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul J. Hagan, c/o Charles Baclet and Associates, Inc.  
2030 Main Street, Suite 1030  
Irvine, CA 92614

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*  
NRAI Services, Inc.

by:

Signature/Registered Agent

Paul J. Hagan, Assistant Secretary

February 26, 2004

Date

Signature/Incorporator

February 26, 2004

Date