

CAPITAL CONNECTION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

TROY WILSON, INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

TROY WILSON, Inc**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**2329 Lightsey Road Ext.
St. Augustine FL 32086****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSTRUCTION**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**Troy Wilson, President
2329 Lightsey Rd Ext.
St Augustine, FL 32086****ARTICLE VI REGISTERED AGENT**

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

**TROY WILSON
2329 Lightsey Rd Ext.
St Augustine FL 32086****ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

**TROY WILSON
2329 Lightsey Rd Ext.
St Augustine FL 32086*******
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**Troy D. Wilson**
Signature/Registered Agent**5-11-04**

Date

Troy D. Wilson
Signature/Incorporator**5-11-04**

Date