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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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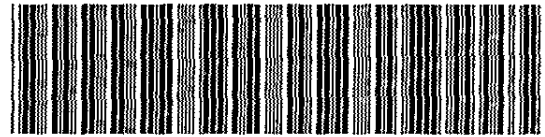
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUN -4 PM 2:56

TRANSMITTAL LETTER

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

SUBJECT: WESTBERRY Mobile Modular ^{SER.} INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Timothy WAYNE WESTBERRY
Name (Printed or typed)

3471 South West Lineoak Ave.
Address

ARCADIA, Florida 34266
City, State & Zip

863-993-3073

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)

ARTICLE I NAME

The name of the corporation shall be:

WestBerry Mobile Modular Service
INCORPORATED, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3471 SOUTH WEST LIVEOAK AVE.
ARCADIA, FLORIDA, 34266.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mobile Home Setup AND Transport.

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED SHARES.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Timothy Wayne WestBerry
PRESIDENT, TREASURER, DIRECTOR.

ARTICLE VI REGISTERED AGENT

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

David W. WestBerry
1221 S. BREYERD AVE
ARCADIA, FL 34266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy Wayne WestBerry
3471 SOUTH WEST LIVEOAK AVE
ARCADIA, FLORIDA 34266

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


Signature/Registered Agent

6-3-04
Date


Signature/Incorporator

6-3-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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