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SECRETAL OF STATE
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(Spir) 6-16-04

TRANSMITTAL LETTER

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

Enclosed is 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

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: A.T.G. Williams ENTERPRISES, INC.
Name (Printed or typed)

5325 ENERSON ST Address Jacksonville, H. 12207 City, State & Zip

904 8819455 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.					
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SECRETARY OF STATE
TALL AHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

All TOSETHER WILLIAMS ENTERPRISES, FIC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5825 EMERSON ST. Jacksonville, 78, 3207

ARTICLE III SHARES

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

TEN THOUSAND 10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

B. WARNER SMITH
THE TOURS OF HILLY
THE SOUND OF THE SOUND

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

FTHAN A. WILLAMS
6325 EMETSON ST.
JAGGESON ILLE, 71. 32207

Signature/Incorporator

3-31-04

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Dat

Date