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TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the art	ticles of incorporation and	l a check for:
S70.00 S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Robert Briss	Control or typed)	
290 WACISSA	Address	
850-519-423)	State & Zip	· · · · · · · · · · · · · · · · · · ·

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

Daytime Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Williams PRINCIPAL OFFICE The principal place of business/mailing address is: Menticello FL ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: weedworking ARTICLE IV The number of shares of stock is: 120 ARTICLE V INITIAL OFFICERS AND/OR DIREC List name(s), address(es) and specific title(s): Kohert Brian Williams Buster Williams REGISTERED AGENT The name and Florida street address of the registered agent is: Kobert William Monticello RL 32344 Hwy Springs WACISSA _ INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Robert Williams Monticello FL 290 springs Yiuld 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 96gept the appointment as registered agent and agree to act in this capacity

ARTICLES OF INCORPORATION

Signature/Registered Agent