

P04000139790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

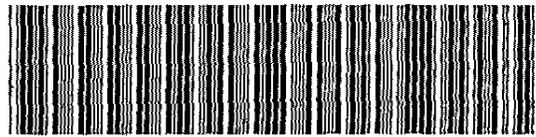
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only
[Handwritten signature]



500041643695

10/08/04--01016--019 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 OCT -8 P 2:32

FILED

TRANSMITTAL LETTER

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

SUBJECT: SAMUEL WILSON, INC.

Dear Sir or Madam:

Please find enclosed for filing one original and one copy of the Articles of Incorporation. Also enclosed is a check in the amount \$ 87.50 for the filing fee, certified copy and certificate of status.

Please return to: **SAMUEL WILSON, INC.**
C/O SAMUEL WILSON- Registered Agent & Incorporator
P.O. BOX 652
UMATILLA, FL 32784

NOTE: The original and one copy of the articles are enclosed.

ARTICLES OF INCORPORATION

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

2009 OCT -8 P 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLE I NAME

The name of the Corporation shall be: **SAMUEL WILSON, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation is: 41846 S. R. 19 in ALTOONA, FL 32702

The mailing address for all legal correspondence is: P.O. BOX 652 in UMATILLA, FL 32784

ARTICLE III PURPOSE

This corporation was established as a professional profit corporation.

ARTICLE IV SHARES

The aggregate number of shares which the Corporation has authority to issue 1,000 shares of common stock with no par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS

SAMUEL WILSON
PRESIDENT/DIRECTOR
41846 S. R. 19...
ALTOONA, FL 32702

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the initial registered agent and office of the Corporation is:
SAMUEL WILSON located at: 41846 S. R. 19 ALTOONA, FL 32702

ARTICLE VII INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:
SAMUEL WILSON located at: 41846 S. R. 19 ALTOONA, FL 32702

Having been named as registered agent to accept service 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.

x Samuel I Wilson
(SIGNATURE) SAMUEL WILSON - Registered Agent

10/06/04
Date

y Samuel I Wilson
(SIGNATURE) SAMUEL WILSON - Incorporator

10/06/04
Date