

PO5000003921

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000005609 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

STATE
FLORIDA
05 JAN -7 AM 8:53
HELP

FLORIDA PROFIT CORPORATION OR P.A.
WILSON CONSULTING OF MARION COUNTY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

js
1-10

ARTICLES OF INCORPORATION

**OF
WILSON CONSULTING OF MARION COUNTY, Inc.
ARTICLE 1 - NAME**

**The name of the Corporation is:
WILSON CONSULTING OF MARION COUNTY, Inc.**

ARTICLE II - DURATION

**This corporation shall have a perpetual existence commencing on the
Date of Filing.**

ARTICLE III - PURPOSE

**This corporation may engage in any activity of business permitted
under the laws of the United States and the State of Florida**

ARTICLE IV - CAPITAL STOCK

**This corporation is authorized to issue 100 shares of one dollar(\$1.00)
par value common stock, which shall be designated "Common Shares"**

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

**The name and street address of the initial registered office of this
corporation is:**

**CLAUDIA WILSON
2499 SE 39TH ST
OCALA, FL 34480**

The principal Place of business of the Corporation shall be:

**2499 SE 39TH ST
OCALA, FL 34480**

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

05 JUL 27 7 51 8 AM

1151

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be increased or decreased from time to time by the by-laws, but shall never have less than one (1). The name and address of the initial Director is:

Name: CLAUDIA WILSON	Address:
PRESIDENT	2499 SE 39 TH ST
100 Shares	OCALA, FL 34480

ARTICLE VII - LAWS

The by-laws of this corporation may be adopted, altered, amended or repealed by either the Stockholder (s) or Director (s)

ARTICLE VIII - IDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former officer or Director, to the full extent permitted by law.

ARTICLE IX PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as which he/she already holds, shall have the right to purchase his/her prorated share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

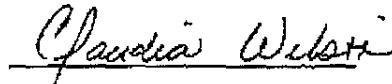
ARTICLE X - INCORPORATOR

The persons signing these Articles is: **CLAUDIA WILSON**

ARTICLE XI - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 7TH DAY of January 7, of 2005



CLAUDIA WILSON
President

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, WILSON CONSULTING OF MARION COUNTY, INC. is desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named CLAUDIA WILSON located at OCALA, Florida, County of MARION, State of Florida, as its agent to accept service of process within this state.

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.

Claudia Wilson
CLAUDIA WILSON, Agent

RECEIVED
STATE OF FLORIDA
05/07/07 01:03:00
TALLAHASSEE