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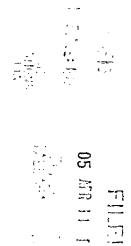
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Cf.4-11

TRANSMITTAL LETTER

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

SUBJECT:)hittington Fn?	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PPY REQUIRED
FROM:	Douglas Ly Name		reekvein Dr. Wes
		FL 32 465	
	250-86	6 · 2308	

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 59-3695996 The name of the corporation shall be:	
Whittington Enterprises Inc	•
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
287 Creek Vein Dr. Wast Wewahiteka Fl 32465 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	05 PR 11 PR 12 53
Rosiventail Francius	
ARTICLE IV SHARES The number of shares of stock is:	.√ ©
•	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
DOUG (as Whittington Red 287 Creet veiw Dr. West WeWahitchta FL 32465 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registere Douglas Whittington 287 Creek veiw Dr. West Wewahitchta FL 32465 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Douglas Whitington 287 Creek veiw Dr. West We wahitch ka FL 32465 ***********************************	d agent is: ***********************************
Wa/WhA	4-11-05- Date
Signatury/Registered Agent	Date
Signature Incorporator	Date