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



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08/10/05--01030--009 **/8./5

)5 AUG 10 AM 10: 43 SECRETARY OF STATE

8/11/05 BWK

TRANSMITTAL LETTER

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

| SUBJECT: W. SPII | LLERS INCORPORATED (PROPOSED CORPORAT | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) |
|-------------------------|--|--|--|
| Enclosed are an orig | ginal and one (1) copy of the artic | eles of incorporation and | a check for: |
| □ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM: CC | ONRAD WAYNE SPILLERS Name | (Printed or typed) | |
| | 6309 PARKWAY BLVD | Address | |
| | LAND O LAKES, FL. 34639 City, | State & Zip | · • • • • • • • • • • • • • • • • • • • |
| | 813 833 2389 Daytime T | elephone number | |

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

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

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W. SPILLERS INCORPORATED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6309 PARKWAY BLVD. LAND O LAKES, FL. 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTOMOTIVE REMARKETING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V <u>INITIAL OFFICERS AND/OR DIRECTORS</u>

List name(s), address(es) and specific title(s):

CONRAD WAYNE SPILLERS 6309 PARKWAY BLVD LAND O LAKES, FL. 34639

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CONRAD WAYNE SPILLERS 6309 PARKWAY BLVD LAND O LAKES, FL. 34639

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

CONRAD WAYNE SPILLERS 6309 PARKWAY BLVD LAND O LAKES, FL. 34639

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 accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date