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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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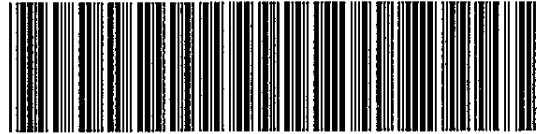
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 15 AM 10:01

B. McKnight AUG 16 2005



Darla Wilson
6897 W. Cyrus St.
Crystal River, Fl. 34428
Phone: (352) 212-1701 Fax: (352) 795-2851

August 12, 2005

Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, Fl. 32314

Dear Sir/Madam:

Enclosed find original Articles of Incorporation and appropriate filing fees for Darla Wilson, Inc. Please file these Articles of Incorporation in the usual manner and return any receipt document to the undersigned at the address shown above. I enclose my check in the amount of \$70.00 for filing fees in this matter. Please have your staff contact undersigned with any inquiries you may have with regard to this request for filing of the new incorporation.

Very truly yours,

Darla Wilson
Darla Wilson

ARTICLES OF INCORPORATION
OF
DARLA WILSON, INC.

ARTICLE I
Name

The name of this corporation is: DARLA WILSON, INC.

ARTICLE II
Duration

This corporation shall have perpetual existence.

ARTICLE III
Purpose

This corporation shall primarily be all functions involving a legal business authorized in the State of Florida.

ARTICLE IV
Capital Stock

This corporation is authorized to issue 1,000 shares of common stock at \$1.00 per share, par value.

ARTICLE V
Preemptive Rights

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which is held, shall have the right to purchase pro rata shares at the price at which it is offered to others.

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ARTICLE VI
Registered Agent and Address

DARLA WILSON has been designated as the Registered Agent for this corporation, and the address of this Corporation shall be:

DARLA WILSON, INC.
6897 West Cyrus Street
Crystal River, Florida 34428

but this Corporation may establish such other offices and branch offices within or without the State of Florida as may be necessary or as may be determined by the Board of Directors.

ARTICLE VII
Principal Office and Mailing Address

The principal office and mailing address of this Corporation are:

6897 West Cyrus Street
Crystal River, Florida 34428

Mailing Address: 6897 West Cyrus Street, Crystal River, Florida 34428

ARTICLE VIII
Initial Board of Directors

This Corporation shall have one director initially and may be managed by a Board of Directors of no less than one, who need not be stockholders of the Corporation. The names and street addresses of the members of the first Board of Directors who shall hold office for the first year of existence of the Corporation or until their successors are elected or appointed and have qualified are:

DARLA WILSON

President

and all Board of Directors use the corporate address of: 6897 West Cyrus Street,
Crystal River, Florida 34428

ARTICLE IX
Certificate of Incorporation

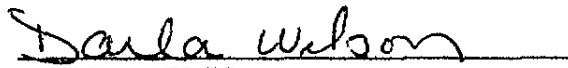
The name and street address of the subscriber to the Certificate of Incorporation is as follows:

DARLA WILSON
6897 West Cyrus Street
Crystal River, Florida 34428

ARTICLE X
Service of Process

DARLA WILSON located at 6897 West Cyrus Street, Crystal River, Florida 34428, has been named as the Corporation's Agent to accept service of process within the State of Florida. Said Agent has accepted the request to act in this capacity, pursuant to Florida Statutes Sections 48.091 and 607.0501

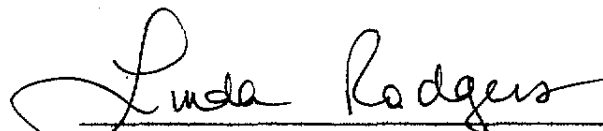
IN WITNESS WHEREOF, the Incorporator has hereunto set his hand and seal this 12 day of August, 2005.


DARLA WILSON

STATE OF FLORIDA
COUNTY OF CITRUS

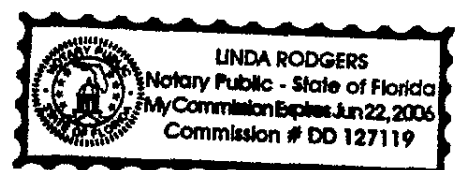
ON THIS DAY, personally appeared before me, an officer duly authorized to administer oaths, DARLA WILSON, known to me to be the individual described in and who executed the foregoing, or produced FLDL as identification, and she acknowledged before me that she executed the same for the uses and purposes therein set forth, who did/did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12th day of August, 2005.


NOTARY PUBLIC

Printed name:

My commission expires:



SIMULTANEOUS ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT OF
DARLA WILSON, INC.

The undersigned, DARLA WILSON, pursuant to F.S. 607.034(3) hereby accepts the appointment as Registered Agent of DARLA WILSON, INC. and states that she is familiar with and accepts the obligations provided for in F.S. 607.325 and will comply with the provisions of all statutes relating to the proper and complete performance of my duties.

Darla Wilson
DARLA WILSON

August 12, 2005
DATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 15 AM 10:01

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing instrument was acknowledged before me this 12th day of August, 2005, by DARLA WILSON stated that he read the above and foregoing Acceptance of Appointment as Registered Agent, knows its contents and understands the contents and produced FLDL as identification and who did/did not take an oath.

Linda Rodgers

NOTARY PUBLIC

Printed name:

My commission expires:

