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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

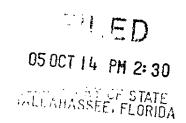
Walk-In

Will Pick Up

- Williams Etssociates	<u> </u>
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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
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UCC 11 Retrieval

Courier



ARTICLES OF INCORPORATION OF L. WILLIAMS & ASSOCIATES, INC.

THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE 1 - CORPORATE NAME

THE NAME OF THE CORPORATE IS: <u>L. WILLIAMS & ASSOCIATES</u>, <u>INC.</u> THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS:7936 SW 4th PLACE <u>NORTH LAUDERDALE</u>, <u>FL 33068</u>

ARTICLE II - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

ARTICLE III -PURPOSE

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV- CAPITAL STOCK

THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES

(_500____) OF (one) DOLLAR (s) (\$_1.00_____) PAR VALUE COMMON STOCK, WHICH SHALL

BE DESIGNATED "COMMON STOCK"

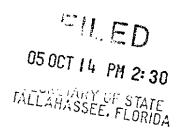
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND ADDRESS OR THE IN NAME: NICOLE WILLIAMS	ITIAL REGISTERED AGE	NT OF THIS CORPORA	TION IS:
PRINCIPLE AND MAILING ADDRESS: 2	7936 SW 4 th PLACE		
CITY: NORTH LAUDERDALE		<u>FLORIDA</u>	ZIP 33068
ARTICLE VI	- INITIAL BOARD OF	DIRECTORS	
THIS CORPORATION SHALL HAVE DIRECTORS INITIALLY. THE NUMBER DIMINISHED FROM TIME TO TIME BY THE NAMES AND ADDRESS OF THE IS CORPORATION ARE AS FOLLOWS:	R OF DIRECTORS MAY BE Y THE BY-LAWS, BUT SH.	ALL NEVER BE LESS T	HAN ONE (1).
NAME: <u>LINZELL WILLIAMS</u> PRINCIPLE AND MAILING ADDRESS:	7936 SW 4 th PLACE		
CITY: NORTH LAUDALE		<u>FLORIDA</u>	ZIP 33068
NAME: NICOLE WILLIAMS			
PRINCIPLE AND MAILING ADDRESS:	7936 4th PLACE		
CITY <u>: NORTH LAUDERDALE</u>		FLORIDA	ZIP 33068
	ARTICLE VII - INCO	RPORATORS	
THE NAME AND ADDRESSES OF THE INCORPORATION ARE AS FOLLOWS:	PERSON(s) SIGNING THE	ESE ARTICLES OF	
NAME: <u>NICOLE WILLIAMS</u>			
PRINCIPLE AND MAILING ADDRESS:	7936 SW 4th PLACE		
CITY: NORTH LAUDERDALE	<u>FLQRIDA</u>		ZIP 33068
NAME;			
PRINCIPLE AND MAILING ADDRESS:			

ZIP

FLORIDA ___

CITY:



CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF L. WILLIAMS & ASSOCIATES, INC.
(Name of corporation)

PURSUANT TO FLORIDA STATUE SECTIONS 48.091 AND 607.304, THE FOLLOWING SUBMITTED:

THE ABOVE CORPORTATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION

AT: <u>7936 SW 4th PLACE</u> NORTH LAUDERDALE, FL. 33068

HAS NAMED: NICOLE WILLIAMS

LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.

I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT.

Micole Williams (Registered agent)

IN WITNESS WHEREOF, THE UNDERSI	GNED SUBSCRIBER (s) I 11 th DAY OF_OCTOBE	HAVE EXECUTED THESE ER 2003	
		Miole Welliams	(SIGN)
			(SIGN)
			(SIGN)
STATE OF FLORIDA			
	SS		

DAY OF OCTOBER 2005

NAME; NICOLE WILLIAMS

BROWARD

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE

STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

(NOTARY SEAL)

STATE AND COUNTY AFORESAID THIS 11th

LINDA L WILSON
Notary Public - State of Florida
My Commission Expires Jan 20, 2009
Commission # DD 388354
Bonded By Netional Notary Acen.

(NOTARY PUBLIC, STATE OF FLORIDA AT LAR

LINDA L. WILSON
MY COMMISION # DD388354
MY COMMISION EXPIRES: JANUARY 20,2009