## PO7888011982

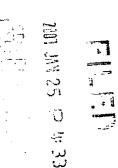
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filling Officer:				

Office Use Only



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01/25/07--01021--004 \*\*70.00



and the same

## **COVER LETTER**

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

SUBJECT:	WILCOL			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	cles 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  PPY REQUIRED	
EDOM.	COLEEN N	JICHUI SUN		
FROM: COLEEN NICHOLSON Name (Printed or typed)				
9640 SW 100 AVE. Address				
	MIAMI FO	33171 State & Zip	<b>o</b>	
	,	•		
	305 - 586 - 280 I  Daytime Telephone 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)	
ARTICLE I NAME  The name of the corporation shall be:	
WILCOL INC.	933 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	en en ek die Nederland in der Steine der St
9640 Sw 100 Ave. MIAMI, FL 33176	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
ANY AND ALL LAWFUL BUSINESS	<u>`</u>
ARTICLE IV SHARES The number of shares of stock is:	·
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
COLEEN NICHOLSON 9640 SW 100 AVE	., MIAMI, FC 33176 (DIRE
WILLIAM NICHOLSON " "	it it is
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the re	gistered agent is:
COLEGN WICHOLDON 9640 SW 100 Are.	
ARTICLE VII INCORPORATOR	
	e e e e e e e e e e e e e e e e e e e
As ABOVE COLECT NICHOLSON  As ABOVE 9640 8 W 100 Ave.  Night: 33176	
Wami, Fl. 33176	*******
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	corporation at the place designated in this
	1/22/07
Signature/Registered Agent	Date
Color Gallow	1/22/07
Signature/Incorporator	Date -*