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ECHETARY OF STATE LLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: The I	Ounnes Venture of WPB Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	ÜDE SÜFFIX)	
Enclosed are an or	iginal and one (1) copy of the artic	cles of incorporation and	l 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	
FROM:	Catherine Pastrana			
1101/11	Name	(Printed or typed)	·····	
	10201 Meadow Crossing Dr			
	A	Address		
	Tampa, FL 33647			
	City,	State & Zip		
5/6-52/- 1762 Daytime Telephone number				
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

The Dunnes Venture of WPB Inc.

07 SEP -5 PH 4: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10201 Meadow Crossing Drive

Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Investment

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Catherine Pastrana President

10201 Meadow Crossing Drive

Tampa, FL. 33647

ARTICLE VI REGISTERED AGENT

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

Catherine Pastrana 10201 Meadow Crossing Drive Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Catherine Pastrana 10201 Meadow Crossing Drive Tampa, FL 33647

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

Catherine Pastrana

Signature/Registered Agent Catherine Pastrana

Catherine Hookma

Date

Date