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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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TALLAHASSEE ESTATE.

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COVER LETTER

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

nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	t a check for:
\$70.00	\$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:	EMCET	WILLIAMS (Printed or typed)	
	<u> 422 MA</u>	CCRIECOR R Address	ZOOR JUN 27 PH I
	WINTER	SPRINGS, F ty, State & Zip	Z 32.705 PH I: 0

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

E. WILLIAMS & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

422 MACGREGOR ROAD WINTER SPRINGS, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DO ANY AND ALL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

EMGET WILLIAMS, PRESIDENT 422 MACCREGOR ROAD WINTER SPRINGS FL 32708

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is in a company of the registered agent is a company of the register

EMGET WILLIAMS 422 MACGREGOR ROAD WINTER SPRINGS FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EMGIET WILLIAMS 422 MACGREGUR ROAD WINTER SPRINGS FL 32708

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

GUF WULLERS
Signature/Registered Agent