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



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S. Maknight FEB 2 7 2009

COVER LETTER

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

| SUBJECT: JW Fina | ancial, Inc. (PROPOSED CORPOR | ATE NAME – <u>MUST INC</u> I | LUDE SUFFIX) |
|----------------------|---|--|---|
| | · | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles 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 DPY REQUIRED |
| FROM: W | arren Hills | | |
| <u> </u> | Namo | (Printed or typed) | |
| | 5673 NW Athens Court | Address | . |
| | Port St. Lucie, Fl 34986 | y, State & Zip | |
| | 772-332-0163 | 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:

JW Financial, Inc.

PRINCIPAL OFFICE ARTICLE II

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

257 SW Port St. Lucie Blvd. Port St Lucie, FI 34986

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

Tax Negotiations

ARTICLE IV SHARES

The number of shares of stock is: 1000

INITIAL OFFICERS AND/OR DIRECTORS

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

Warren Hills President 5673 NW Athens Court Port St Lucie, FL 34986

REGISTERED AGENT

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

Warren Hills 257 SW Port St Lucie Blvd Port St Lucie, Fl 34986

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Kuester Corporations, Inc.

Jennifer Kuester

1752 SW Del Rio Blvd

Port St Lucie, FL 34953

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

Signature/Registered Agent

Signature/Incorporator