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### **COVER LETTER**

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

SUBJECT: Kebraxa	aWill Inc. (PROPOSED CORPORA	ATE NAMË – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Ge	enevieve Willocks	(Printed or typed)	
	14019 SW 275th Street	Address	
	Homestead, FL 33032	, State & Zip	
	786-260-8340	l'elephone 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)

## 

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SECRETARY OF STATE, TALLAHASSEE, PLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

KebraxaWill Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is: 14019 SW 275th Street, Homestead, FL 33032

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Low Budget Wedding & Anniversary Planning and Services

#### ARTICLE IV SHARES

The number of shares of stock is:

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Genevieve Willocks - Owner/Director 14019 S.W. 275th Street, Homestead, FL 33032

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Genevieve Willocks 14019 SW 275th Street, Homestead, FL 33032

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Genevieve Willocks 14019 SW 275th Street Homestead, FL 33032

**************************************	
certificate am familiar with and accept the appointment as registered age	ent and agree to act in this capacity
( THAR)	April 6, 2009
Signature/Registered Agent	Date
(9HA).	April 6, 2009
Signature/Incorporator	Date