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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:	White Feather Ventures, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the arti			
\$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	
FROM:		A. Dvorak (Printed or typed)		
	500 White Feather Ct. Address			
		Johns, FL 32259 , State & Zip	· · · · · · · · · · · · · · · · · · ·	
		4-673-1280 Telephone number		

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:

White Feather Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE

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

500 White Feather Ct. Saint Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joy A. Dvorak - President/Treasurer - 500 White Feather Ct., Saint Johns, FL 32259 Robert E. Dvorak- Vice President/Secretary- 500 White Feather Ct., Saint Johns, FL 32259

ARTICLE VI REGISTERED AGENT

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

Assistant VP

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

ramont W Jones,

Joy A. Dvorak - 500 White Feather Ct., Saint Johns, FL 32259 Robert E. Dvorak - 500 White Feather Ct., Saint Johns, FL 32259

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

3 |5 | 10 Date

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