PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name Heavy weight Ea INCI	Secreta DIVISION OF 00 53771 Wherprise o			SECRETARY OF STATE TALLAHASSEE, FLOREDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Add 190/NW 67 th place Suite, Apt. #, etc. Suite, Apt. #, etc.		ess		CR2E081 (11/10)		
ste M		4. Date Incorporated To Do Business in		rporated or Qualified	ss in Florida	
Gainesuile Ha	City & State		5, FEI Numb	114682	Applied For Not Applicable	
32653 AlACHUA	32653	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Street Address (P.O. Box Number is Not Acceptable Suite, Apt. #, Etc.	State Zip Code FL 32653		0025107745 6/1301005017 **			
8. I, being appointed the registered agent of the a Signature of Registered Agent	bove named corporation, am	n familiar with and accept the o	bligations of sec	tion 607.0505 or 617.0503, F.S. Date		
Names and Street Addresses of Each Officer and/or Director (Florida nonp Titles Name of		Street Address of Each	ast 3 directors)	City / State / Zip		
Officers and/or Directors NWWS HeberT Williams		1903 NW 35 to year		Gainesuille Ala.	32653	
		Ret				
		AUG 2 6 2013				
		R. HUNT				
10. E-mail Address: Bwc//c4N 11. I certify that I am an officer or director or the recording transfer application, the reason for dissolutions owed by the corporation have been paid it typic	(To enver or trustee empowered ion has been eliminated, the r certify, the information indic	o be used for future annual report to execute this application as p e corporate name satisfies the re cated on this application is true	rovided for in cha equirements of s and accurate, ar	ection 607.0401 or 617.0401, F.S., and nd my signature shall have the same le	that alt fees gal effect as	
of made under oath. I am aware that false information SIGNATURE:	Lelly	of to the Department of State Co		726/2013 550 Date Da	yuma Phone #	