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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
WILHELM AND ASSOCIATES INVESTMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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J. Shivers AUG 01 2011



July 28, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: WILEELM AND ASSOCIATES INVESTMENT, INC.
REF: W11000039658

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000190753
Letter Number: 311A00017628

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

ARTICLE I NAME WILHELM AND ASSOCIATES INVESTMENT, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
8415 HARDING AVE. STE. 19
MIAMI BEACH, FL 33141

Mailing address, if different is:
8415 HARDING AVE. STE. 19
MIAMI BEACH, FL 33141

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 500 shares @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOMAS ANDRES ROJAS, AS PRESIDENT
Address: 3716 NE 168 ST # 204
NORTH MIAMI BEACH, FL 33160

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TOMAS ANDRES ROJAS
Address: 3716 NE 168 ST # 204
NORTH MIAMI BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TOMAS ANDRES ROJAS
Address: 3716 NE 168 ST # 204
NORTH MIAMI BEACH, FL 33160

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

X Tomas
Required Signature/Registered Agent

7/25/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X Tomas
Required Signature/Incorporator

7/25/2011
Date

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TALLAHASSEE, FLORIDA