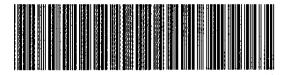
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified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

Office Use Only



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SECRETARY OF STATE STATE STATE OF STATE ST



## COVER LETTER

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

SUBJECT:	BoWillie Ventures, Inc.						
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )						
Enclosed are an or	riginal and one (1) copy of the articles of incorporation and a check for:	ד					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status  \$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED						
	(4) ** 。 (4) ** (2) ** (3) ** (4) ** (4) ** (4) ** (4) ** (4) ** (4) ** (4) ** (4) ** (4) ** (4) ** (4) ** (4) ** (4) **						
FROM: _	Name (Printed or typed)						
	PO Box 14714 Address	2011	31.485				
	Miami, FL 33101 City, State & Zip	OCT 3	CKETA				
_	= -P#	1,300. 10 AN					
_	786-277-0901  Daytime Telephone number	2011 OCT 31 PM 12: 49	75 25 25				
	WEaley@aol.com  F-mail address: (to be used for future annual report notification)	•					
	F-mail address: (to be used for future annual report notification)						

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 N. The name of the corpo	AME BoWillie Ventures, Inc.	DOVAING ACURAGO, 1110.		AVIOLANT OF LONG PART	
	RINCIPAL OFFICE Principal street address O NW 86 St.	Mailing address PO Box 14714			
ARTICLE III PU	mi, FL_33147  IRPOSE h the corporation is organized is: the corporation is to conduct any la	-			
ARTICLE IV SI	of stock is: 100				
Name and Title Address:	ITIAL OFFICERS AND/OR DIRECTOR BOWilliam A. Ealey, President 1320 NW 86 St. Miami, FL 33147	Name and Title:Address:			
Name and Title Address:		_ Address:		<del></del>	
Name and Title Address:	:	Address:			
***	EGISTERED AGENT				
	a street address (P.O. Box NOT acceptable) of				
Name: Address:	Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	- - -			
	ICORPORATOR				
	ss of the Incorporator is:				
Name: Address:	BoWilliam A. Ealey 1320 NW 86 St Miami, FL 33147	- -			
this certificate, I am for	as registered agent to accept service of process amiliar with and accept the appointment as regi			gnated in	
	Required Signature/Registered Agent	<u> </u>	10/21/11 Date	<u></u>	
Journal this docume document to the Depo	nt and affirm that the facts stated herein are ortment of State constitutes a third degree felony	true. I am aware that the false	information subm	itted in a	
постины по те рери	Boll Men a. Fals	v us proviueu jor in 8.617.155, F.S	s. 10 25/11		
	Required Signature/Incorporator/		- Unit		