## P14000102350

| (Requestor's Name)                      |                  |           |  |
|---|------------------|-----------|--|
|   |                  |           |  |
| (Add                                    | ress)            |           |  |
|   |                  |           |  |
| (Address)                               |                  |           |  |
|   |                  |           |  |
| (City                                   | /State/Zip/Phone | e #)      |  |
| PICK-UP                                 | WAIT             | MAIL:     |  |
|   |                  |           |  |
| (Bus                                    | iness Entity Nan | ne)       |  |
|   |                  |           |  |
| (Doo                                    | ument Number)    | t         |  |
|   |                  |           |  |
| Certified Copies                        | Certificates     | of Status |  |
|   |                  |           |  |
| Special Instructions to Filing Officer: |                  |           |  |
|   |                  |           |  |
|   |                  |           |  |
|   |                  |           |  |
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12/29/14--01008--006 \*\*87.50

Office Use Only

12/30/14

## **COVER LETTER**

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

| SUBJECT:             | Under the h                                      | Villow Inc.                         |                           |
|----------------------|--|-------------------------------------|---------------------------|
|                      | (PROPOSED CORPORA                                | TE NAME – MUST INCL                 | UDE SUFFIX)               |
| Enclosed are an orig | ginal and one (1) copy of the art                | ticles of incorporation and         | d a check for:            |
| \$70.00 Filing Fee   | □ \$78.75 Filing Fee & Certificate of Status     | \$78.75 Filing Fee & Certified Copy | & Certificate o<br>Status |
|                      |  | ADDITIONAL CO                       | OPY REQUIRED              |
|                      |  |                                     |                           |
| FROM:                | Hayley Skreen                                    |                                     |                           |
|                      | 692 Tomahawk                                     | Ln.                                 |                           |
|                      |  |                                     |                           |
|                      | instal Lake. IL                                  | 60012                               |                           |
|                      |  |                                     |                           |
|                      | 630) 770 - 4543<br>Daytime 1                     | Colonhano numbor                    |                           |
|                      |  |                                     | . 1                       |
|                      | under the Willow r<br>E-mail address: (to be use | MUSIC (~) amai                      | 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 NAM The name of the corporat | <del>-</del>                             | e Willow    | w Inc.                                    |
|--|--|-------------|---|
| 136 Cork                               | Principal street address                 | <del></del> | Mailing address, if different is:         |
| -HOWNZWZZW                             | FL 34446                                 |             |   |
| ARTICLE III PURI                       | POSE ne corporation is organized is:     | <del></del> |   |
| C \ Λ \ Λ \ .                          | d all lawful busines                     | 2.          |   |
| 2.) Musica                             | 1 entertainment                          |             |   |
|  |  |             |   |
|  |  |             | PEL 29                                    |
| ARTICLE IV SHA The number of shares of | <del></del> . ^ /^\                      |             | P# 12 34                                  |
| ARTICLE V INIT                         | TAL OFFICERS AND/OR DIRECTOR             | _           | ne: Hayley Skreens-Treasure               |
| Address                                | 136 Corknood Blvd.<br>Homosassa, FL 3444 |             | 136 Corkwood Blvd.<br>Homosassa, FL 34446 |
| Name and Title:                        | Joseph Lenza - Vice president            | Name and Ti | 130 Corkwood Blud                         |
| Address                                | 136 Corkwad Blub.                        | Address:    | 130 Corkwood Blud                         |
|  | Homosissa, FL 34446                      |             | Homosassa, FL, 34446                      |
| Name and Title:                        |  | Name and Ti | tle:                                      |
| Address                                |  | Address:    |   |
|  | <del> </del>                             |             |   |

| Name an                    | d Title:   | Name and Title:  |
|----------------------------|--|--|
| Address                    |  | Address:   |
| 4 DOLOL D. W.              |  |  |
| ARTICLE VI The name and FI | <u>REGISTERED AGENT</u><br>orida street address (P.O. Box NOT acceptable) of | f the registered agent is:   |
| Name:                      | Richard Burns  | -  |
| Address:                   | 4286 S. Pursland Dr.   | The state of the s |
|                            | Homosassa, FL 34448  | TO THE PROPERTY OF THE PROPERT |
| ARTICLE VII                | INCORPORATOR   | £ 29   |
| The name and ac            | Idress of the Incorporator is:   |  |
| Name: Address:             | Hayler Skreens<br>136 Corkwood Blvd<br>Homosassa, FL 34446                   | 34   |
|                            |  | s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity   |
|                            |  | true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.   |
| High                       | Required Signature/Incorporator  | 12/22/14<br>Date   |