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FLORIDA PROFIT/NON PROFIT CORPORATION  
BWW PAYROLL, INC.

Certificate of Status	0
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Page Count	03
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P. 002 003

**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: BWW PAYROLL, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
142 WEST PLATT STREET

TAMPA, FLORIDA 33606

Mailing address, if different is:

PO BOX 458

TAMPA, FLORIDA 33601

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DONALD E. PHILLIPS (PRESIDENT)

Address: 142 WEST PLATT STREET

TAMPA, FLORIDA 33606

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

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P. 003/003

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: VENERABLE LAW, LLC

Address: 315 S. PLANT AVENUE  
TAMPA, FLORIDA 33606

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DONALD E. PHILLIPS

Address: 142 WEST PLATT STREET  
TAMPA, FLORIDA 33606

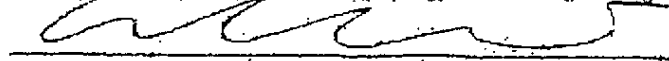
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*

  
\_\_\_\_\_  
Required Signature/Registered Agent

4/24/2019  
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.817.133, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

4/24/2019  
Date

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STATE OF FLORIDA  
DEPARTMENT OF STATE