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Doing so will generate another cover sheet.	30 I Z
To: Division of Corporations Fax Number : (850)617-6381	. T.3 AFT

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mjj0114@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION

West Island Construction Inc

Certificate of Status	0
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Help

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

<u>ARTICLE II PRINC</u>	APAL OFFICE Principal street address	Mailing address, if different is:	
4616 SW 8TH PL #6 CAPE CORAL, FL 33914		4616 SW 8TH PL #6	
		CAPE CORAL, FL	33914
ARTICLE III PURPO The purpose for which t	he corporation is organized is: <u>any and</u>	d all lawful business.	_
ARTICLE IV SHAR The number of shares of ARTICLE V INITL	stock is: 100 AL OFFICERS AND/OR DIRECTORS		21 JUL 13 SEORGIAN ALLEMANIA
Name and Title	JOANNE BAILER	Name and Title:	` it '
Address		Address:	
	4616 SW 8TH PL #6		
	CAPE CORAL, FL 33914		
Name and Title	<u>:</u>	Name and Title:	
Address		Address:	
Name and Title	:	Name and Titlet	

Name and	J Title:	Name and Title:	
Address		Address:	
ARTICLE VI - F	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	JOANNE BAILER		
Address:	4616 SW 8TH PL #6		
	CAPE CORAL, FL 33914		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		× 50
rne <u>mame and ad</u>	JOANNE BAILER		21.
Name:	VI		
Address:	4616 SW 8TH PL #6		23 5
	CAPE CORAL, FL 33914		,
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	. (OPTIONAL)	~ >
(If an effective d filing.)	ate is listed, the date must be specific and ca	nnot be more than five days prio	ir or 90 days after the
	inserted in this block does not meet the application of State is recorded.		his date will not be listed as
me document 3 ci	neceive date on the Department of State Freed	43.	
Having been nam certificate, I am fo	ed as registered agent to accept service of proce uniliar with and accept the appointment as regi	ss for the above stated corporation stered agent and agree to act in thi	at the place designated in this is capacity
(125		JULY 9, 2021
	Required Signature/Registered Agent	<u> </u>	Date
	ument and affirm that the facts stated herein Department of State constitutes a third degree fe		
18	9		JULY 9,2021
Required Signatu	reducorporator	Date	