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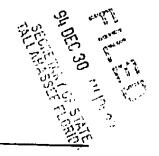
TRANSMITTAL LETTER

| Department of | of State |
|--------------------------------|-------------|
| Division of Co | orporations |
| P.C. Box 632 Tallahassee, l | |

SUBJECT: POLICY

MME INC.

(proposed corporate name)



Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50

FROM:

Name (printed or typed) 100 100 1 213 6 2 1 6 3 6 5 6 V PRO PVE + +++ 122.50 ++++ 122.50 SPRING HILL FL. 34 6 8

City, State, & Zip (904) 596-7365

Telephone Number

DATE 1-3-95

DOC EXAM STate

Note: Please provide the original and one copy of the Articles.

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ARTICLES OF INCORPORATION

OF

WME INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the tion.

ARTICLE I NAME

The name of the corporation shall be:

WME JNC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4029 MARINER BLUD SPRING HILL FL 34609

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EUGENIA M. WOOD 4029 MARINER BLVD SPRING HILL FL 34609

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Anicles of Incorporation is(are):

EUGENIA M. WOOD. 6365 EUARO AUE SPRING HILL FL 34608

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 th day of December 19 24

Signature >

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

| The name of the corporation is: | |
|---|--------|
| | |
| The name and address of the registered agent and office is: | |
| FUGENIA M. WOOD | 4 9 |
| (NAME) | 94 000 |
| 4029 MARINIER BLUD | 198 |
| (P.O. BOX NOT ACCEPTABLE) | ना व |
| | STATE |
| SPRING HILL FT 34 bog (CITY/STATE/ZIP) | Ďu, |

PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE LIGHTICA TO HONS

| APPLICATION & | EAD ALL INSTRUCT | IONS BEFORE | COMPLETING THIS | FORM. |
|---|---|---|---------------------------------------|--|
| FOR REINSTATEMENT | Sandra Gecreta | ARTMENT OF STATI B. Mortham ary of State FCORPORATIONS | | APPROVED |
| DOCUMENT # P95 1, Corporation Name WME INC. | 5000000196 | | 95 SE TAISECRE | FILED EP 25 AM 8: 51 |
| Principal Place of Business | Mailing Address | | - 'n-LAHA | TARY OF STATE ASSEE, FLORIDA |
| SPRING HILL FL 30000 | 4029 MARNER BLVD. SPRING HILL FL 34408 | | | |
| if above addresses are incorrect in any way, li 2. New Principal Office Address, if Applicable | line through incorrect information and | nd enter correction below. | *****37! | 001601476 /3501038012 /5.00 ****375.00 |
| Suite, Apt. #, atc. | Suite, Apt. #, etc. | #858, If Applicable | To Do Business in Florida | 12/30/1994 |
| City & State | City & State | | 5. FEI Number 59.32 922 4 | Applied For |
| Country | 1 | Country | 6. | D St 16 Applicable |
| 7. Names and Street Addresses of Eech Officer Title(s) Name of Officer and/or Directors | 1 | corporations must list at lea Street Address of Each Officer and/or Director NOT Use Post Office Box N | h | City / State / Zip |
| Plyst Eugenia W | j | 9 Mariano | Slub Spring | W. 11 Pl. 346.09 |
| | | | | |
| | | | PATEMENT 9 | 5 Jan 1 |
| | | REINST | H. C. Viene | 9 25/40/ |
| 8. Name and Address of Curre | int Registered Agent | Nume | 9. Name and Address of New Regis | Stered Agent |
| WOOD, EUGENIA M 6365 EVARO AVE. SPEING MIL EL AAAA | | 7441116 | O. Box Number is Not Acceptable) | "- |
| SPRING HILL FL 34606 Suite, Apt. II, Etc. | | | CR2EO40 (6995) | |
| 10. I, being appointed the registered agent of the all Signature of Registered Agent | m Hood | iar with and accept the obliga | galions of Section 60', y505, F.S. | State Zip Code Zip |
| 11. If this corporation is a non- | -profit with I.R.S. 501(| | | |
| Dept. of Revenue under S | any intangible tax to | the | (See other | hos side 414 |
| 13. I no hereby certify that the information supplied blash the Division of Corporations from any liabilities that I am an officer or director or the receivable sensitatement application the reason for distinct or the corporation have been paid. I under oath. | I with this filing is voluntarily furnishe pility of non-compliance with Section | ed and does not qualify for to 119.07(3)(k) in the event the | the exemption stated in Section 119.0 | 07(3)(k), Florida Statules, I re- |
| SIGNATURE: _ Plantage | RINTED NAME OF SIGNING OFFICER OF | / | 9/21/95 9 Date | PO4 6 S 6 -1 8 75 - |

0053063

CP