MANUEL ON 15

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

500001465635 -04/26/95--01037--014 ******78.75 *****78.75

SUBJECT:W_	NGIN' I	T KNIGH	ITS INC	- •	
(1	Proposed corporate	name - must include su	ffix)		
Enclosed is an original for :	and one (1) cop	y of the articles of i	ncorporation a	nd a check	
\$70.00	¥78.75	\$122.50	\$131.25		
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
FROM:	MA-	THEW A. /	FRIEDMAN	V	
	1614	NW 21 17 Address	AVENUE		
	GAINE.	SVILLE , FL	32605		
	C	ity, State & Zip			
	(904)	377-2473	(904) 377	2144	
	Daytim	e Telephone number			
				APR 13	:::
				SEE SEE	
				KI 10: 43 EE, FLORID	7)
				DR 13	
NOTE: Please	provide the	original and one	copy of the	articles.	

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARTICLE V INCORPORATOR(S)

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

MATTHEW A FRIEDMAN

1614 NW 21" AVE

CAINEIVILLE, FL 32605

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

// day of APRIL 19 95.

Matth A Figure

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, (IRGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WINGIN IT KNIGHTS INC.
2. The name and address of the registered agent and office is: MATHEW A FRIEDMAN (Name)
1614 N.W 215+ AVE
(P.O. Box not acceptable)
CAINESVILLE, FL 32605
(City/State/Zip)
Having been named as registered agent and to accept service of 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.
Muttal a Frank 4/10/Date 13 AH 10: 10 SEE, FLOR
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314