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

SUBJECT:	WolveriNE PA	opeztica, luc.,		
	(Proposed corporate)	name - must include si	iffix)	
Enclosed is an original for :	inal and one (1) co	py of the articles o	of incorporation a	and a check
X \$70.00	\$78.75	\$122.50	 \$131.25	
Filing Fee	Filing Fee	Filling Fee	Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy	
		Additional Cop	y Required	
		,		
FROM	u: Tas	RRETT MACK		
		printed or typed)		
			-	
	28	1 NW 82		
		Address		
	mi	Ami, 76. 33	141	
	City	, State & Zip		
	_			
		-252-41/3		

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 I NAME

The name of the corporation shall be:

Wolverzine Proputies, INC.,

ARTICLE II PRINCIPAL OFFICE

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

281 NW 82 St MiAmi, 7L. 33141

> **ARTICLE III SHARES**

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JARRETT MACK 281 NW 82 JH Miami, 7L. 33141

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

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

(An additional article must be added if an effective date is requested.)

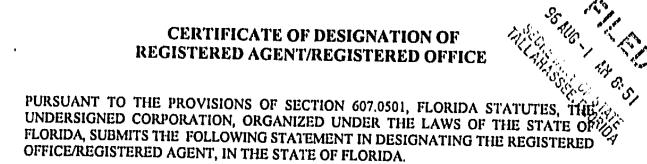
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



1.	The name of the corporation is:	Wolverine Proporties, Inc.	_
2.	The name and address of the regi	stered agent and office is:	
		ATRETH JACK	
	(P.O. B	281 NO 32 Stor Mail Drop Box NOT ACCEPTABLE)	
	·	Miami AL. 33141 (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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314