OINSECRETATED 97 JULY 15 MILES Requestor's Name 304 Orange Blassom Ireail Address Orlando 11, 32805 - 407 - 649 - 1600 City/State/Zip Phone # 01/15/97--01062--006 ****122.50 ****122.50 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time _____ Mail out Photocopy Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

D. BROWN JAN 1 5 1997

Examiner's Initials

DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE FL. 32314.

DATE 1-10- 97

DEAR SIR /MADAM,

ENCLOSED PLEASE FIND ARTICLES OF INCORPORATIONS FOR CLAYTON WILLIAMS INC. ALONG WITH TWO CHECKS, IN THE AMOUNT OF \$122.50. THE DOLLARS AS DESCRIBED ARE FOR THE FILING FEES AND DESIGNATION OF REGISTERED AGENT WHOSE NAME IS CLAYTON L. WILLIAMS,

ALSO, I HAVE ENCLOSED TWO COPIES OF THE ARTICLES. PLEASE RETURN ONE SET TO ME WITH THE FILING DATE STAMPED ON IT.

THANKS AND REGARDS,

RESPECTFULLY,

Clayton William SIGNATURE

97 JAN 15 1711:54

ARTICLES OF INCORPORATION OF CLAYTON WILLIAMS INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS CLAYTON WILLIAMS INC.

ARTICLE TWO

<u>THIS CORPORATION IS TO DEVELOP A CONCERN, WHEREAS, THE BUSINESS OF THE CONCERN WILL OPERATE AS A NIGHT CLUB AND OR AS A RESTAURANT.</u> IF GRANTED CORPORATE STATUS THE BUSINESS WILL ALSO PROVIDE ANY OTHER SIMILAR VENTURES AS PROVIDED BY STATURE.

ARTICLE THREE

THE PERIOD OF DURATION IS - PERPETUALITY.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE ARE 2000 AT A PAR VALUE OF ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ITS BUSINESS UNTIL IT HAS RECEIVED FOR THE ISSUANCE OF SHARES CONSIDERATION OF THE VALUE TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 2153 W. COLONIAL DRIVE, ORLANDO FL 32804. THE NAME OF THE INITIAL REGISTERED 'AGENT' IS CLAYTON L. WILLIAMS WHOSE ADDRESS IS 2153 W. COLONIAL DRIVE, ORLANDO FL 32804. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH WILL CONSTITUTE THE BOARD OF DIRECTORS IS ONE. THE NAMES AND ADDRESSES OF THE PERSONS WHO WILL SERVE AS DIRECTORS ARE AS FOLLOWS;

NAMES
CLAYTON L. WILLIAMS

ADDRESSES
2153 W. COLONIAL DRIVE
ORLANDO FL. 32804

ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO SET AND DEVELOP ITS BY-LAWS WITHOUT RESTRICTION OF THEIR POWERS CONFERRED BY STATUS.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR-

CARLTON THOMAS 304 SO. O.B.T. ORLANDO FL. 32805

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED CORPORATE STATUS.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT. IN THE STATE OF FLORIDA.

THE REGISTERED OF			
THE REGISTERED OF	FICE/REGISTERED A	GENI, IN THE STATE	OF FEORIDA.

1.	THE NAME OF	THE CURPURATION IS:	

CLAYTON WILLIAMS INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

CLAYTON L. WILLIAMS (NAME)

2153 W. COLONIAL DR. (P.O. BOX NOT ACCEPTABLE)

ORLANDO FLORIDA 32804 (CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT 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 SATUTES 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)

(DATE)