TRANSMITTAL LETTER

Department of State Division Corporations Lo. Box 63 7 Fallahassee FL 32314	00	1_11_11_11_11 -U(6	211 -0101	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
SUBJECT: WLT VENT (Proposed corporate no	URES T	<u>VC</u>			
Enclosed is an original and one (1) corfor: \$70.00 \$\infty\$ \$78.75 Filing Fee & Certificate		of incorporation a \$131.25 Filing Fee, Certified Copy & Certificate	and a che	eck 97 1343	
9982 L. - OR L. D.	(printed or typed) AKE GADI Address	10NES 12817	-	12 F3 4:19	TREO
<u>407</u>	- 657 - 43 Telephone number	803	TALLE	97 H.AR 12 PH	· · · · · · · · · · · · · · · · · · ·

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:

WLI VENTURES INC

ARTICLE II PRINCIPAL OFFICE

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

9982 LAKE GA DRIVE ORLANDO, FLORIDA 32817

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

W LEONARD JONES 9982 LAKE GA DRIVE ORLANDO, FLORIDA 32817

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):

W LEONARD JONES 9982 LAKE GA DRIVE ORLANDO, FL 32877

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

10 day of MARCH , 19 97 .

(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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is:	WLT VENTURES	LNC
2. The name and address of the regi	stered agent and office is:	7
w her	NAME)	97 HAR I
9982 L	OAKE GA DRIVE BOX OF Mail Drop BOX NOT ACCEPTABLE)	2 PH 4
ORZH	OUNTER TORING 328/7	4: 23

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.

Wignary MARCH 10, 1997
(SIGNATURE) (DATE)