## P97000040790

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

SUBJECT:	Willife Systami	nporate name - must include	e suffix)	_
		1	200002165 -05/05/97- *****70.00	-01092003
Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for :	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	:
FROM: _	Wildlife Safaci Name (Pr	Inc Inted or typed)		•
-	7816 N.W. 40	OSt, ddress	<del></del>	
	Coral Springs	FL 330(05) State & Zip		SECRE: DIVISION (
	954-345-C	3(0 <del>0</del> elephone number		FILLU DARY OF CORP
î				STATE ORATIONS 8: 22

NOTE: Please provide the original and one copy of the articles.



97<sub>MAY-5</sub> AM 8:22

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporal	on Act, hereby adopts the following Articles of Incorporation.	
ARTICLE I	NAME	
The name of the	orporation shall be:	
Willife	Safari, Inc.	
	PRINCIPAL OFFICE e of business and mailing address of this corporation shall be	

7816 N.W. 40 St., Coral Springs, FL 33065 ARTICLE III

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

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: 7816 N.W. 40St., Caral Springs, FL 33065

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Stephanie Stipkovich 7816 N.W. 40St., Caral Springs, FL 33065

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

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

Signature/Registered Agent