

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 16 PM 1:38

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*Wilson, Wilson & Company
Retirement and Estate
Planning*

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Name Reservation
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

Signature

Requested by

Name

Date

Time

Walk-In

Will Pick Up

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JUL 15 AM 11:05
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

7-16-97



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 15, 1997

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST. STE. 1
TALLAHASSEE, FL 32302

**SUBJECT: WILSON, WILSON & COMPANY RETIREMENT AND ESTATE
PLANNING**
Ref. Number: W97000016303

We have received your document for WILSON, WILSON & COMPANY RETIREMENT AND ESTATE PLANNING and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Randall Purintun
Document Specialist

Letter Number: 097A00036158

ARTICLES OF INCORPORATION

OF

WILSON, WILSON & COMPANY RETIREMENT AND ESTATE PLANNING, INC.

ARTICLE I: Name

The name of this corporation is:

WILSON, WILSON & COMPANY RETIREMENT AND ESTATE PLANNING, INC.

ARTICLE II: Principal Office

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

**719 Caya Costa Court N.E.
St. Petersburg, Florida 33702**

ARTICLE III: Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding any time shall consist of 10,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV: Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

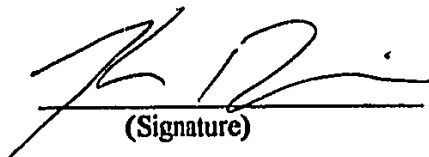
**Kenton D. Wilson
719 Caya Costa Court N.E.
St. Petersburg, Florida 33702**

ARTICLE V: Incorporator

The name and street address of the incorporator to these Articles of Incorporation is:

**Kenton D. Wilson
719 Caya Costa Court N.E.
St. Petersburg, Florida 33702**

The undersigned incorporator has executed these Articles of Incorporation this 11th day of July 1997, .


(Signature)

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**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:

Wilson, Wilson and Company Retirement and Planning, INC.

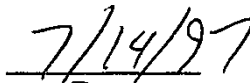
2. The name and address of the registered agent and office is:

Kenton D. Wilson
719 Cayo Costa Court N.E.
St. Petersburg, Florida 33702

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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


Date