# 00071645

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

SUBJECT:

JWil Enterprises Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

Filing Fee

**3** \$78.75

Filing Fee & Certificate **∑**\$122.50

Filing Fee & Certified Copy □ \$131.25

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: John Lester Willis

Name (Printed or typed)

415-4 Lane

Address

20000088684

Greenacres, FL. 33463

City, State & Zip

561-966-5592

Daytime Telephone number

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

ne 8/19/97

# ARTICLES OF INCORPORATION

FILED

97 AUG 18 AM 10: 28

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETAKTUL STATE TALLAHASSEE, FLORIDA

ARTICLE I	N	A	M	Š
-----------	---	---	---	---

The name of the corporation shall be

JWil Enterprises Inc.

## ARTICLE II PRINCIPAL OFFICE

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

415-4 Lane

Greenacres, F1. 33463

## ARTICLE III SHARES

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

50

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John Lester Willis

415- 4 Lane

Greenacres, F1. 33463

### ARTICLE V INCORPORATOR

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

John Lester Willis/President

415-4 Lane

Greenacres, F1. 33463

Signature/Incorporator

08/12/97

08/12/97

Date

(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 refaing to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position is registered agent

Signature/Registered Agent

Date