7000087282

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

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SUBJECT:	Well Spring INC.
	(Proposed corporate name - must include suffix)

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

\$131.25 Filing Fee,

Filing Fee & Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: James Collom Cook
Name (Printed or typed)

20505 Vs 19 North #12-190

Address

CLearwaten FL 33764

City, State & Zip

8/3- 507- 95/7

Daytime Telephone number

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:

Well Spring INC.

STOCT -9 PH 1: 10
SECRETARY OF STATEA

ARTICLE II PRINCIPAL OFFICE

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

20505 US 19 North #12=190 Clearwater, Florida 33764

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Fred H. Hale 5369 Pan K OL vd. P, Nellas Park, FL 33781 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):

James Collom Cook
20505 US 19 North #12-190
Clearwater, FL 33764

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

8th day of October, 19 97.

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

// ^

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 617.0501, 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:	•
Well Spring Inc.	TAREGA OT OCT
2. The name and address of the registered agent and office is: FRED H. HALE	PH 1:10 TARY OF STATE ASSEE, FLORIDA
(NAME)	
5369 PARK BLVD.	
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
PINELLAS PARK, FL 33781-3421	
(CITY/STATE/ZIP)	

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) 10/9/97 (OATE)