# P97-RANSMIHALD/TER94558

FILED

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 97 NOV -4 PM 3: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	The WhiPPLE GOUP, INC. (Proposed corporate name - must include suffix)			
Enclosed is an original	and one(1) copy of the article	es 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: Whipple Van Ness Jones, III.  Name (Printed or typed)				
1020 D Pine Street Address				
TALLAHASSEC, Florida 32303 City, State & Zip				~~~
	(850) - 6 Daytime T	577-0155 elephone number	· · · · · · · · · · · · · · · · · · ·	
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NOTE: Please provide the original and one copy of the articles.

## Articles of Incorporation

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

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be: The Whipple Group, Inc.

#### ARTICLE II SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Million (1,000,000)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Whipple Van Ness Jones, III
1020 D Pine Street
Tallahassee, FL 32303
The principal address is the same as the registered office.
ARTICLE V INCORPORATOR

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

Whipple Van Ness Jones, III 1020 D Pine Street Tallahassee, FL 32303

Signature/Incorporator

Date

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

Date