

TRANSMITTAL LETTER  
**P97000100642**

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

SUBJECT: Wilkar Enterprises Inc.  
(Proposed corporate name - must include suffix)

200002355712--5  
-11/24/97--01124--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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 COPY REQUIRED**

FROM: Karen Wilkins  
Name (Printed or typed)

9459 N. Euhanks Terrace  
Address

Dunnellon FL 34433  
City, State & Zip

352-564-0034  
Daytime Telephone number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 NOV 24 PM 2:08

FILED

9/11-20-97

## ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I The name of the corporation shall be  
**WILKAR ENTERPRISES, INC.**

ARTICLE II The principal place of business and mailing address of this corporation shall be:  
9459 N. Eubanks Terrace  
Dunnellon, FL 34433

ARTICLE III The number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500.

ARTICLE IV The name and Florida street address of the initial registered agent is:  
Karen Wilkins  
9459 N. Eubanks Terrace  
Dunnellon, FL 34433

ARTICLE V The name and address of the incorporator to these Articles of Incorporation is:  
Karen Wilkins  
9459 N. Eubanks Terrace  
Dunnellon, FL 34433

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TALLAHASSEE, FLORIDA

Karen Wilkins  
Signature/Incorporator *Karen Wilkins*

Date 11-21-97

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.

Karen Wilkins  
Signature/Registered Agent  
*Karen Wilkins*

Date 11-21-97