

P97000103253

718 S. Orleans Ave.
Tampa, FL 33606

WLP ENTERPRISES, INC.

October 10, 1997

100002365401--4
-12/08/97--01059--001
*****70.00 *****70.00

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

Subject: WLP ENTERPRISES, INC.

Dear Sir or Madam:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$70.00.

From: William Place

718 S. Orleans Avenue

Tampa, FL 33606

813 251-4244

Sincerely,

William L. Place

William L. Place
President

WILLIAM PLACE GAVE

AUTHORIZATION BY PHONE TO

CORRECT CORP. NAME

DATE 12-9-97

DOC. EXAM JAC

FILED
97 DEC -8 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9N12-9-97

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 NAME

The name of the corporation shall be: WLP ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

718 S. Orleans Ave.
Tampa, FL 33606

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ten (10).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William L. Place
718 S. Orleans Ave.
Tampa, FL 33606

ARTICLE V INCORPORATOR

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

William L. Place
718 S. Orleans Ave.
Tampa, FL 33606

ARTICLE VI FISCAL YEAR

The corporation will have a fiscal year which begins November 1 and ends on October 31.


Signature/Incorporator

11/1/97
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

11/1/97
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA