Requestor's Name Address ZIP Phone City State

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CORPORATION(S) NAME

Wedgson	<u>14550ciq</u>	les Juc.
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() Foreign	() Dissolution	() Mark
Limited Partnership Reinstatement	() Annual Report () Reservation	() Merger () Mark () Other () Change of Registered Agent () Certificate Under Seal
(/) Certified Copy	() Photo Copies	() Certificate Under Seal
Call When Ready Walk In () V	() Call If Problem	() After 4:30 Pick Up () Mail Out
Name Availability Document		Certhreol Bary
Examiner	<u>[10]</u>	TEIVED NT OF STAT CORPORATION SEE, FI ORWANA
Veritier		IVED M 9: 20 OF STATE PORATIONS FILENDA
Acknowledgment Verifier		

CR2E031 (R8-85)

ARTICLES OF INCORPORATION

₃of

WEDGSON ASSOCIATES Inc.	
(name of corporation)	
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby for corporation under the laws of the State of Florida.	rm a
The name of the corporation is: ARTICLE I - CORPORATE NAME To provide the corporation is:] _
WEDGSON Associates Inc. 33 } m	
ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law.	,
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.	he
ARTICLE IV- CAPITAL STOCK	
The corporation is authorized to issue TEN THOUSAND shares (10,000) of ONE CENT Dollar(s) (\$ '01 \$) par value Common Stock, which shall be designated "Common Shares".	Tugs rad
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT	
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office	is:
NAME JOHN Simpson	
ADDRESS 7866 Springfield LAKE DR.	
CITY LAKE WORTH FLORIDA ZIP 3	3467
The principal office, if known, or the mailing address of the corporation is:	
NAME Wedg SON ASSOCIATES INC.	-
ADDRESS 327 SANDTREE DR. 7866 Springfill Lake DR.	-
CITY PACE BOART LAKE WORTH FLORIDA ZIP 33	3467

ARTICLE VI - INITIAL BOARD OF DIRECTORS

increased or diminished from time to time by the By- of the initial director(s) of the corporation are as follo		er of directors may be either (1). The names and addresses
NAME JOHN SIMPSON		
ADDRESS 7866 Springfield	LAKE DR.	-
CITY LAKE WORTH	STATE FL.	ZIP 33467
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME JOHN SIMPSON ADDRESS 7866 SpringficLD L	· ·	
CITY LAKE WORTH	STATE FL.	ZIP 33.467
NAME		ZIP 33.467
CITY LAKE WORTH. NAME ADDRESS	STATE FL.	
CITY LAKE WORTH. NAME ADDRESS CITY		ZIP 33.4647 ZIP
CITY LAKE WORTH. NAME ADDRESS CITY NAME	STATE FL.	
CITY LAKE WORTH. NAME ADDRESS CITY	STATE FL.	

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

Wedgson Associates MC.				
(name of corporation)				
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:				
The above corporation, desiring to organize under the laws of the State of Florida with				
its registered office as indicated in the Articles of Incorporation				
at 7866 Springfield LAKE DR.				
LAKE WORTH, FL. 33467				
· · · · · · · · · · · · · · · · · · ·				
has named John Simpson =				
located at the aforesaid address, as its Registered Agent to accept service of process within				
this state.				
ACKNOWLEDGEMENT				
Having been named as Registered Agent to accept service of process for the above sated				
corporation at the place designated in this certificate, and being familiar with the obliga-				
tions of that position, I hereby accept to act in this capacity, and agree to comply with the				
provisions of Florida Law in keeping open said office.				
provisions of Fiorest Daw in Reoping open said office.				