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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

98 SEP -9 AM 9:22

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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Glenn Wade & Associates Inc.

- ☐ Walk In  
☐ Mail Out  
☐ Will Wait  
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- ☒ Certified Copy  
☐ Certificate of Status  
☐ Certificate of Good Standing  
☐ ARTICLES ONLY  
☐ ALL CHARTER DOCS

EFFECTIVE DATE

9-8-98

- ☐ Certificate of FICTITIOUS NAME  
☐ FICTITIOUS NAME SEARCH  
☐ CORP SEARCH

NEW FILINGS	
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*122.50 \*\*\*\*122.50

Ordered By: \_\_\_\_\_

Date: \_\_\_\_\_

P. Hall

SEP 14 1998

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WS



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

August 27, 1998

UCC FILING & SEARCH SERVICES, INC.

SUBJECT: WADE & ASSOCIATES, INC.  
Ref. Number: W98000019600

We have received your document for WADE & ASSOCIATES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6995.

Wanda Sampson  
Document Specialist

Letter Number: 698A00044331

**ARTICLES OF INCORPORATION  
OF  
GLENN WADE & ASSOCIATES, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of this corporation is **GLENN WADE & ASSOCIATES, INC.**  
The mailing address and the principal place of business shall be P.O. Box 450457,  
Kissimmee, Florida 34745.

ARTICLE II - Duration

EFFECTIVE DATE  
9-8-98

This corporation shall exist in perpetuity, commencing on the date of  
execution and acknowledgment of these Articles.

ARTICLE III - Purpose

This corporation is organized for the purpose of transacting any or all  
lawful business.

ARTICLE IV - Capital Stock

This corporation is authorized to issue 1,000 shares of \$1.00 par value  
common stock.

ARTICLE V - Pre-emptive Rights

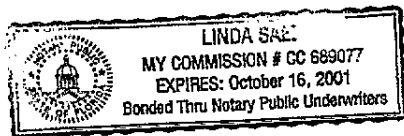
Every share holder, upon the sale for cash of any new stock of this  
corporation of the same kind, class or series as that which he already holds, shall  
have the right to purchase his pro rata share of such stock (as nearly as may be  
done without issuance of fractional shares) at the price at which it is offered to  
others.

ARTICLE VI - Initial Board of Directors

This corporation shall have two (2) directors initially. The number of  
directors may be increased from time to time by the bylaws, but shall never be  
less than one. The names and addresses of the initial directors of this  
corporation are:

<u>Name</u>	<u>Address</u>
Glennon Wade	419 W. Vine Street, Kissimmee, FL 34741
Cecile M. Wade	419 W. Vine Street, Kissimmee, FL 34741

who has produced Col. Drivers License as identification.



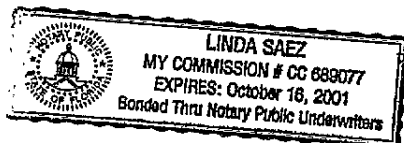
Linda Saez  
Notary Public, State of Florida

LINDA SAEZ  
Typed, Printed or Stamped Notary Name

Cecile M. Wade  
CECILE M. WADE

STATE OF FLORIDA  
COUNTY OF OSCEOLA

The foregoing instrument was sworn to before me this 8th day of September, 1998, by CECILE M. WADE. She is personally known to me or who has produced Colored Dr. License as identification.



Linda Saez  
Notary Public, State of Florida

LINDA SAEZ  
Typed, Printed or Stamped Notary Name

ARTICLE VII - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 419 W. Vine Street, Kissimmee, Florida 34741 and the name of the initial registered agent of this corporation at that address is Glennon Wade.

ARTICLE VIII - Incorporators

The names and addresses of the person(s) signing these articles are:

<u>Name</u>	<u>Address</u>
Glennon Wade	419 W. Vine Street, Kissimmee, FL 34741
Cecile M. Wade	419 W. Vine Street, Kissimmee, FL 34741

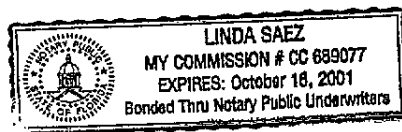
ARTICLE IX - Bylaws

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors.

ARTICLE X - Amendment

The shareholders shall have the power to adopt, amend, alter, change or repeal the Articles of Incorporation when proposed and approved at a stockholders meeting, with not less than a majority vote of the common stock.

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 8th day of September, 1998.



Glennon Wade  
GLENNON WADE

STATE OF FLORIDA  
COUNTY OF OSCEOLA

The foregoing instrument was sworn to before me this 8th day of September, 1998, by GLENNON WADE. He is personally known to me or

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

First - that **GLENN WADE & ASSOCIATES, INC.**, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at P.O. Box 450457 Kissimmee, Florida 34745, State of Florida, has named Glennon Wade, located at 419 W. Vine Street, Kissimmee, Florida 34741, State of Florida, as its agent to accept service of process within Florida.

Signature: \_\_\_\_\_

Glennon Wade

Title: \_\_\_\_\_

Incorporator/President

Date: \_\_\_\_\_

9/8/98

Having been named to accept service of process for the above corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Signature: \_\_\_\_\_

Glennon Wade

Date: \_\_\_\_\_

9/8/98

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TALLAHASSEE, FLORIDA