## Department of State Division of Corporations

Division of Corporation P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: W	ATSON PROMOTIONS (Proposed corpor	rate name - must include suf	fix)	<del></del>
Enclosed is an original a	nd one(1) copy of the article		00002671 -10/23/980 *****70.00 check for :	1 452 1055014 *****70.00
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131,25 Filing Fee, Certified Copy & Certificate	
	AD		ADDITIONAL COPY REQUIRED	
FROM:	WILLIAM WAT SON Name (P	rinted or typed)	·······	
· 1	14402 HORSESHOE	TRACE Address	and the second s	

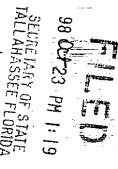
Address

WEUING-TON, FURIOR 33414

City, State & Zip

561-795-9792

Daytime Telephone number



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



## ICLES 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:

PROMOTIONS DVC. WATSON

PRINCIPAL OFFICE

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

1442 HOREESHOE TRACE WELLINGTON, FLORIDA 33414

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

14402 HORSE SHOE TRACE WELLINGTON, FURIOR 338414

INCORPORATOR

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

WILLIAM WATSON 14402-HORSE SHOE TRACE WELLINGTON, FLORIDA 33444

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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