000096580 Department of State

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

SUBJECT:	Wheaton Assoc (Proposed corpo	ciates, Incorp rate name - must include suff	orated fix)	_
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Jay R. Wheat Name (Pr 309 Brentwo		ood Drive Address	*****	685844—-5 /9801063012 78.75 *****78.75
	City,	race, Florida 3 State & Zip 73 elephone number	<u>3617</u>	

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

98 NOV 12 AM 11: 19

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:

Wheaton Associates, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

33617 309 Brentwood Drive, Temple Terrace, Florida

ARTICLE III SHARES

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

one hundred (100)

INITIAL REGISTERED AGENT AND STREET ARTICLE IV

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

Jamie Lou Wheaton 309 Brentwood Drive, Temple Terrace, Florida 33617

ARTICLE V INCORPORATOR

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

TEmple Terrace, Florida 33617 309 Brentwood Drive? Jay R. Wheaton

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 refishered agent

Signature/Registered Agent