TRANSMITTAL LETTER

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

SUBJECT:	WILSON TECHNOL (Proposed corpora	OGY GROUP, I W ate name - must include suff 41	000027463	44 5 04003 ****87.50
Enclosed is an original and one(1) copy of the articles 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
- FROM	: DOUG WILSON Name (P) rinted or typed)		M 신호 교 보고
	5725 SAND	S POINT DR. Address	- 4 · · .	14 . —
	LAKI=LAND F	-6. 33809		32

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

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.

NAME ARTICLE I

The name of the corporation shall be:

WILSON TECHNOLOGY GROUP, INC.

PRINCIPAL OFFICE

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

5725 SANDS POINT DR. LAKELAND, FL. 33809

ARTICLE III SHARES

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

5.000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DOUG WILSON 5725 SANDS POINT DR. LAKELAND, PL. 33809

ARTICLE V *INCORPORATOR*

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

DOUG WILSON 5725 SANDS POINT DR. LAKELAND, FL. 33809

(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

Date