

P99000013706
TRANSMITTAL LETTER

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

400002770524--9
-02/09/99--01122--003
*****78.75 *****78.75

SUBJECT: E - CORPORATION
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ERIC D. WILLIAMS
Name (Printed or typed)

340 CAMBRIA CT.
Address

SAFETY HARBOR FL 34695
City, State & Zip

(Hm) (727) 669-8057 / (727) 464-6221 (wk)
Daytime Telephone number

Eric Williams GAVE
AUTHORIZATION BY PHONE TO
CORRECT Corp Name: E Will Corporation
DATE 2/11/99
DOC. EXAM BB 'Freder'

B. BROCK FEB 11 1999

W99000013706

FILED
99 FEB -9 PM 2:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation of

E WILL CORPORATION

FILED
99FEB-9 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I. Name

The name of the Corporation is E WILL CORPORATION, hereinafter referred to as the "Corporation."

II. Purposes

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

III. Principal Office and Registered Agent

The principal office of the Corporation is P.O. Box 403, Safety Harbor, Florida 34695. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is **Eric D. Williams, 340 Cambria Court, Safety Harbor, Florida 34695.**

IV. Duration

The duration of the Corporation shall be perpetual.

V.
Initial Business

The initial business of the Corporation shall be:
Conducting Statewide and Nationwide background checks:

VI.
Capital Stock

The Corporation is authorized to issue only one class of shares of stock, which shall be, designated Common Stock. The total number of shares the Corporation shall have authority to issue is **one thousand (1000)**, each share to have a par value of **\$25.00**.

VII.
Incorporators

The names and mailing addresses of the Incorporators are:

Incorporator Name

Incorporator Address

Eric D. Williams

340 Cambria Ct., Safety Harbor, FL 34695

VIII.
Directors

The number of directors constituting the initial Board of Directors of the Corporation is: one (1). The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

Director Name

Director Address

Eric D. Williams

340 Cambria Ct., Safety Harbor, FL 34695

IX.
No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

X.
Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

XI.
Fiscal Year

The fiscal year of the Corporation shall be from **January** to **January** of each year.

XII.
Incorporator

Eric D. Williams
340 Cambria Ct.,
Safety Harbor, FL 34695



Signature/Incorporator

Date: February 6, 1999

XII.
Register Agent


Having been named as registered agent and to accept service of process for the 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: February 6, 1999
FILED
99 FEB -9 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, on this day personally appeared Eric D. Williams, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 8th day of February, 19 99.


Notary Public in and for the
State of Florida



Debra D. Kuhn
MY COMMISSION # CC784228 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.