SATUTAL VETTER S/

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

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<u> 12 - 1</u>

W.G. ACA IN (Proposed corporate name SUBJECT: must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 **3** \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: W.G. ACA, INC. by AlexANDRIA S. Shole Name (Printed or typed) 5634 COCONNT Rd. Address West Palm Beach, FL 33413 City, State & Zip 561 373 7049 Daytime Telephone number FILED

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.

<u>ARTICLE I</u> NAME The name of the corporation shall be: W.G. ACA, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 5634 COCONNT Rd. West Palm Beach, FL 33413 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ten thousand) 10,000 ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Alexandria S. Shole 5634 COLONHT Rd. W.P.B., FL 33413 ARTICLE V **INCORPORATOR** The name and address of the incorporator to these Articles of Incorporation are: Alexandria S. Shole 5634 COCONNT Rd W. Palm Brach, FL 334/3 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 Alexandria S. Shole