199000063211

June 21, 1999

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

000002926910--7 -07/09/99--01023--011 *****122.50 ******78.75

Re: <u>W.E.C. Inc.</u>

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

_____W.E.C. Inc.

W.E.C. Inc. P.O. Box 3030 Homosassa Springs, Fla 34447-3030 (352) 621-3782

99 JUL -9 PM 5: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDS

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ARTICLES OF INCORPORATION

of

W. E. C	Inc.	
	me of corporation)	
The undersigned acting as the incorporators of a co he following articles of incorporation for such corporati	rporation under the Florida Busin on:	ess Corporation Act, adopt(s)
ARTICLE	I - CORPORATE NAME	
The name of the corporation is: W. E. (SECRETI FIL
	CLE II - DURATION	ED PR 5:
This corporation shall exist perpetually unless disso	olved according to Florida law.	OFFICE 25
ARTI	CLE III - PURPOSE	
The corporation is organized for the purpose of eng United States and the State of Florida.	aging in any activities or business	s permitted under the laws of the
The corporation is authorized to issue 1700	E IV - CAPITAL STOCK shares of common stock, par value	e \$ per share.
ARTICLE V - I	NITIAL PRINCIPAL OFFICE, if different, the mailing address i	is:
STREET ADDRESS	·	
5015 Sand 30ur Pt.		
CITY Homosa sea	FLORIDA	ZIP 34446
Mailing address, if different		
STREET ADDRESS		·
P.D. Box 3030		
CITY Homosassa Springs	FLORIDA	ZIP 3444 7
ARTICLE VI - INITIAL	REGISTERED OFFICE AND A	AGENT
The street address of the initial registered offic	e and the name of the initial re	gistered agent at the office is:
NAME John James Bard		
ADDRESS 5015 Sand Sour PT		
CITY Homosassa Springs =	FLORIDA	ZIP 34446
-, -, -, -		

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have Three	_(3	_) directors initially. The number	per of directors may be
either increased or diminished from time to time by the	By-Laws, bu	t shall never be less than one (1	l). The names and
addresses of the initial director(s) of the corporation are	as follows:	•	

NAME John James Bard JR.	- ·	
ADDRESS 5015 Sand Spar PT.	·	
CITY Homosassa	STATE Flq.	ZIP 34446
NAME Anita Ester Bard	<u>. </u>	· · · · · · · · · · · · · · · · · · ·
ADDRESS 5015 Sand Spur PF.		-
CITY Homosassa	STATE FLA.	ZIP 34446
NAME Christopher Scott Andrew		
ADDRESS 5015 Sand Spur Pt.		-
CITY Homosassa	STATE Fla.	ZIP34446

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME John James Bard JR.		
ADDRESS 5015 Sond Sour Pt.		
CITY HOMOSOSSA	STATE Fla.	ZIP 3444 6
NAME Anita Ester Bard		
ADDRESS 5015 Sand Spur PT.		
CITY HOMOSASSA	STATE Fla.	ZIP 34446
NAME Christopher Scott Andrew		
ADDRESS 5015 Sand Spur-PT.	_	
CITY Homosassa	STATE FIG.	ZIP ZHUL

The u	ndersigned incorporator(s) have executed these Articles of Incorporation	this Memau
day of	f June 21 , 19 99 .	,
•		1

(Signature)

Lessela Ester Bir (Signature)

Ann (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SECRETARY OF STATE

W.E.C Inc

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 5015 Sand Sour PT.

Homosassa Fla. 34446

has named John James Bard JR.

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Date)