

F14000003786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

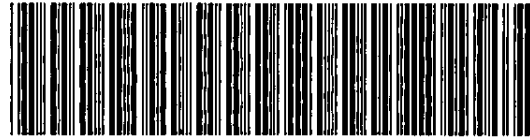
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** WILLIAMS CONSULTING, INCORPORATED  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DIANE B. WILLIAMS  
Name of Person

WILLIAMS CONSULTING, INCORPORATED  
Firm/Company

530 SW 1<sup>st</sup> Ave.  
Address

Crystal River, FL. 34429  
City/State and Zip code

tpwilliams1@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY WILLIAMS at (503) 804-5740  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WILLIAMS CONSULTING INCORPORATED  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

D.B. WILLIAMS CONSULTING, INCORPORATED  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OREGON 3. 80-0015427  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1989 5. Perpetual  
(Date of incorporation) (Duration: Year/corp. will cease to exist or "perpetual")

6. AUGUST 1, 2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 530 SW 1st Ave., Crystal River, FL. 34429  
(Principal office address)

(same as above)  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DIANE B. WILLIAMS

Office Address: 530 SW 1st Ave

Crystal River, Florida 34429  
(City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Diane B Williams  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: DIANE B WILLIAMS

Address: 530 SW 1st Ave.  
Crystal River, FL 34429

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: TIMOTHY P WILLIAMS

Address: 530 SW 1st Ave, Crystal River, FL. 34429

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Diane B Williams

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. DIANE B. WILLIAMS, PRESIDENT

(Typed or printed name and capacity of person signing application)

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 988P111U5

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**WILLIAMS CONSULTING, INC.**

is

Incorporated

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in black ink, appearing to read "Kate Brown".

KATE BROWN, Secretary of State

8/15/2014