

PI2000068054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

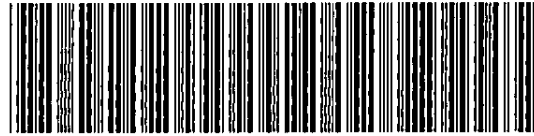
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300238120323

08/07/12--01004--009 **78.75

RECEIVED
12 AUG - 7 AM 10: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 AUG - 7 AM 10: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WILLKILLYA COUNTY, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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
 \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: **FERRELL E. CHAMPION**

Name (Printed or typed)

135 FONTAINE CIRCLE

Address

CRAWFORDVILLE, FL 32327

City, State & Zip

850-545-3399

Daytime Telephone number

STRICK1645@AOL.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME WILLKILLYA COUNTY, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 135 FONTAINE CIRCLE
CRAWFORDVILLE, FL 32327
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO MANUFACTURE, PRODUCE, PURCHASE OR OTHERWISE ACQUIRE, SELL, IMPORT, EXPORT, DISTRIBUTE AND DEAL IN GOODS, WARES, SERVICES, MERCHANDISE, AND MATERIALS OF ANY KIND AND DESCRIPTION INCLUDING, BUT NOT LIMITED TO CLOTHING, BUMPER STICKERS, KOOZIES, & POSTERS. THE FOREGOING PURPOSES AND ACTIVITIES WILL BE INTERPRETED AS EXAMPLES ONLY AND NOT AS LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE CORPORATION FROM ENGAGING IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF FLORIDA.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: <u>FERRELL E. CHAMPION</u> | Name and Title: _____ |
| Address: <u>P.O. BOX 102</u> | Address: _____ |
| <u>WOODVILLE, FL 32362</u> | _____ |
| <u>PRESIDENT</u> | _____ |
| Name and Title: <u>RONALD E. PETERSON</u> | Name and Title: _____ |
| Address: <u>135 FONTAINE CIRCLE</u> | Address: _____ |
| <u>CRAWFORDVILLE, FL 32327</u> | _____ |
| <u>SEC. /TREASURER</u> | _____ |
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: BEVERLY STRICKLAND
Address: 1118 DR MLK JR MEMORIAL BLVD
CRAWFORDVILLE, FL 32327

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: BEVERLY STRICKLAND *Ferrell E Champion*
Address: 1118 DR MLK JR MEMORIAL BLVD
CRAWFORDVILLE, FL 32327

FILED
12 AUG - 7 AM 10:53
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Beverly Strickland Required Signature/Registered Agent 8/6/12 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Ferrell E. Champion Required Signature/Incorporator 8/6/12 Date