

PO 6000139303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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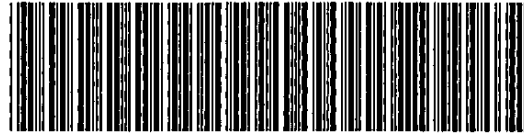
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11-3-06
cc

COVER LETTER

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

SUBJECT: Willard's Shoe Repair, 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: Arnold S. Willard
Name (Printed or typed)

133 Half Acre Ln
Address

Panama City Beach, FL 32413
City, State & Zip

850-596-2844
Daytime Telephone number

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

The name of the corporation shall be: Willard's Shoe Repair, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
731 Airport Rd Suite D Panama City, FL 32401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: shoe repair

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Arnold S. Willard 133 Half Acre Ln Panama City Beach, FL 32413
President
Peggy S. Willard 133 Half Acre Ln Panama City Beach, FL 32413
Vice President / Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Arnold S. Willard
731 Airport Rd Suite D
Panama City, FL 32401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arnold S. Willard
731 Airport Rd Suite D
Panama City, FL 32401

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

Arnold S. Willard

Signature/Registered Agent

Arnold S. Willard

Signature/Incorporator

11/2/06

Date

11/2/06

Date

SECRETARY OF STATE
FLORIDA

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