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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 AUG - 1 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers 8/5 01 2011

## COVER LETTER

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

SUBJECT: A & H Williams Foundation, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Anita Williams & Harry Lee Williams, Sr.  
Name (Printed or typed)

5770 NW Belwood Circle  
Address

Port St. Lucie, FL 34986  
City, State & Zip

(772) 336-1688  
Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **A & H Williams Foundation, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5770 NW Belwood Circle  
Port St. Lucie, FL 34986

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Non-profit organization for helping people**

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

By-laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anita Williams, President  
Address: 5770 NW Belwood Circle  
Port St. Lucie, FL 34986

Name and Title: Harry Lee Williams, Sr., Vice-President  
Address: 5770 NW Belwood circle  
Port St. Lucie, FL 34986

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
PALM BEACH, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Anita Williams  
Address: 5770 NW Belwood Circle  
Port St. Lucie, FL 34986

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anita Williams  
Address: 5770 NW Belwood Circle  
Port St. Lucie, FL 34986

*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*



Required Signature of Registered Agent

\_\_\_\_\_  
Date

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



Required Signature of Incorporator

\_\_\_\_\_  
Date