## Poroso 123745

(Requestor's Name)				
(Ad	dress)	<u></u>		
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



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## TRANSMITTAL LETTER

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

	(		
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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
FROM:	BETH B. WILL	ADDITIONAL CO	DPY REQUIRED
	1306 Corn	-	
	DELRAY BI	ENCH, FC	33444
	(56) 40 Daytime	11-7477	

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 BETH B. WILLIAMS, P.A. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE 1306 CORMORANT RO. DELRAY BEACH, FC 33444 The principal place of business/mailing address is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: LAW PRACTICE ARTICLE IV **SHARES** 200 The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: BETH B. WILLIAMS 1306 CORMORNAT RO DELRNYBENCH, FL 33444 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: BETH B. WILLIAMS 1306 BORMORANTRO DELRAY BEACH, PL33444 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 Signature/Registered Agent

Signature/Incorporator