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LETTERS

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TRANSMITTAL LETTER

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

UBJECT:	VILLIAM COOPER		
	(
		- 	a a a a a a a a a a a a a a a a a a a
nclosed is an origin	nal and one(1) copy of the artic	les of incorporation and a	check for:
\$70.00	□ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
	WILLIAM Name (I	FROM: COOPER Printed or typed) Charles Address	
		State & Zip	32206
	(904) 88 Daytime 7	5 6336	

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: WILLIAM COOPER ENTERPRISES INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1835 HUBBARD ST., LAUSONVIULE FL 32206 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: CONSULTANT, WATER MANAGEMENT ARTICLE IV SHARES The number of shares of stock is: TEN (10) ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): NIA

ARTICLE VI REGISTERED AGENT

EVA AYRES 1835 HUBBARD St., JACKSONVILLE FL 32206

The name and Florida street address of the registered agent is:

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

WILLIAM LOOPER 1835 HUBBARD ST., SAUSONVIUS FL 32206

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

Eva Clyles	 10/4/03
Signature/Registered Agent	 Date
William Cooper	 10-4-03
Signature/Incorporator	 Date