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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE ALLAHASSEE, FIORING

m, 11/10

TRANSMITTAL LETTER

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

SUBJECT: WAF	RREN WILLIAMS HEATING	S AND AIR CONDITIO	NING INC.
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00	\$78,75	\$78.75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 11115 1 00	& Certificate of Status	& Certified Copy	Certified Copy
		or column copy	& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM: W	ARREN WILLIAMS		
	Name	e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	05 0 00U 505 0T		
	35 S. COLLEGE ST	·	
		Address	•
	MACOLENINGEL 00000		
<u>-</u>	MACCLENNY,FL. 32063		
	City	, State & Zip	
	904-259-7014		
•	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)

FILED

03 NOV -3 PH 5: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

WARREN WILLIAMS HEATING AND AIR CONDITIONING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 35 S. COLLEGE ST. MACCLENNY, FL. 32063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO COMPLY WITH STATE LAW CHANGES REGARDING EXEMPTION FROM WORKMAN COMPENSATION EXEMPTIONS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): WARREN M. WILLIAMS 35 S. COLLEGE ST. MACCLENNY,FL 32063

ARTICLE VI REGISTERED AGENT

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

WARREN M. WLLIAMS 35 S. COLLEGE ST. MACCLENNY,FL.32063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WARREN M. WILLIAMS 35 S. COLLEGE ST. MACCLENNY,FL 32063

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 10/31/03

Signature/Registered Agent Date

Signature/Incorporator 10/31/03

Date