

P04000004772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

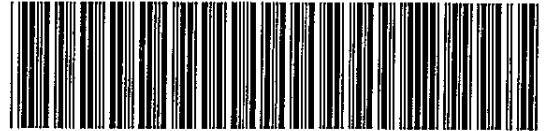
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

DONALD WILLIAMS INC.

SUBJECT: _____
(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

DONALD WILLIAMS INC.

FROM: _____
Name (Printed or typed)
1099 LAUREL OAKS CT

Address
OVIEDO, FLORIDA, 32765

City, State & Zip
407-869-7753

Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF

DONALD WILLIAMS INC.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE:
DONALD WILLIAMS INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE
1099 LAUREL OAKS CT, OVIEDO, FL 32765

ARTICLE 11 NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY AND ALL LAWFUL
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED
STATES, THE STATE OF FLORIDA, OR ANY OTHER
STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE 111 CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE
THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT
ANY ONE TIME IS:

500 SHARES AT \$ 1.00 EACH.

ARTICLE 1V TERM OF EXISTENCE

THE CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND
DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE
CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S)
IS(ARE) ELECTED, IS(ARE):

DONALD WILLIAMS
1099 LAUREL OAKS CT
OVIEDO, FLORIDA, 32765

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TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO
THIS ARTICLES OF INCORPORATION IS(ARE):

DONALD WILLIAMS
1099 LAUREL OAKS CT
OVIEDO,FLORIDA,32765

IN WITNESS WHEREOF, THE
UNDERSIGNED INCORPORATOR(S) HAS (HAVE)EXECUTED THESE ARTICLES
OF INCORPORATION THIS 24TH DAY OF
DECEMBER 2003.

SIGNATURE(S) OF INCORPORATOR(S)

Donald Williams

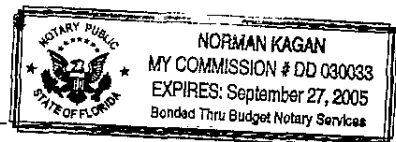
STATE OF FLORIDA,

COUNTY OF SEMINOLE.

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO
BEFORE ME THIS 24TH DAY OF DECEMBER 2003, BY
DONALD WILLIAMS (NAME OF
INCORPORATOR).
OF DONALD WILLIAMS INC.
(NAME OF CORPORATION).

NOTARY PUBLIC

[Signature]
MY COMMISSION EXPIRES _____



CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

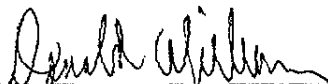
PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE
OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:
DONALD WILLIAMS INC..

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

DONALD WILLIAMS
1099 LAUREL OAKS CT
OVIEDO, FLORIDA, 32765

SIGNATURE



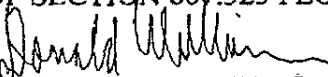
CORPORATE OFFICER

TITLE PRESIDENT

DATE DECEMBER 24, 2003

HAVING BEEN NAMED TO ACCEPTS SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO
COMPLY WITH THE PROVISIONS OF AL ; STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT
THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



REGISTERED AGENT

DATE DECEMBER 24, 2003

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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