

PO4000024478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

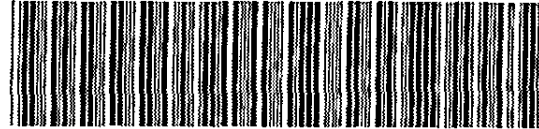
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: William Scott Simpson Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: William Scott Simpson
Name (Printed or typed)

2906 Lina Rd
Address

Fernandina, FL 32034
City, State & Zip

904-261-9728
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)

ARTICLE I NAME

The name of the corporation shall be:

William Scott Simpson Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2906 Lina Rd
Fernandina Beach, FL 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sub - contractor

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):

William Scott Simpson

ARTICLE VI REGISTERED AGENT

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

William Scott Simpson
2906 Lina Rd
Fernandina Bch., FL 32034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Scott Simpson
2906 Lina Rd
Fernandina Bch., FL 32034

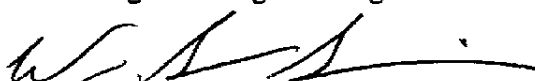
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-27-04

Date



Signature/Incorporator

1-27-04

Date

William Scott Simpson

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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