

P04000128927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

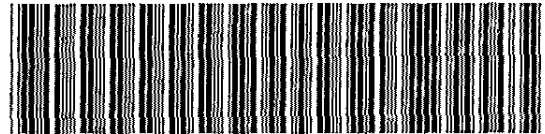
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5

TRANSMITTAL LETTER

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

SUBJECT: Will Hance P.C.
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Will Hance
Name (Printed or typed)

16728 16th St
Address

Live Oak, FL 32060
City, State & Zip

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:

Will Hance Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16728 16th St
Live Oak, FL 32060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

consultant

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Will Hance P

ARTICLE VI REGISTERED AGENT

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

Will Hance
16728 16th St.
Live Oak, FL 32060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Will Hance
16728 16th St
Live Oak, FL 32060

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

Will Hance

Signature/Registered Agent

9/13/04
Date

Will Hance

Signature/Incorporator

9/13/04
Date

FILED
04 SEP 13 AM 11:59
CLERK OF STATE
TALLAHASSEE, FLORIDA