

POS000025152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400046139294

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB -9 PM 2:18

FILED

02/09/05--01015--008 **78.75

TRANSMITTAL LETTER

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

SUBJECT: WILSON & CHURCHILL, 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: MICHAEL B. WILSON
Name (Printed or typed)
9334 CUMBERLAND ISLE DRIVE
Address
JACKSONVILLE, FLORIDA 32257
City, State & Zip
(904) 636-5058 / (904) 226-8380
Daytime Telephone number

05 FEB -9 PM 2:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

WILSON & CHURCHILL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9334 CUMBERLAND ISLE DRIVE
JACKSONVILLE, FLORIDA 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

ONE-THOUSAND (1000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHAEL S. WILSON
9334 CUMBERLAND ISLE DRIVE
JACKSONVILLE, FLORIDA 32257
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Tracy K. Arthur, Esq.
1901 Island Walkway St. 100
Fernandina, Beach, FL 32034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL S. WILSON
9334 CUMBERLAND ISLE DRIVE
JACKSONVILLE, FLORIDA 32257

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

Date

Signature/Incorporator

Date

FILED
05 FEB -9 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA