

P15880046548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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3-29-05  
WCC

## TRANSMITTAL LETTER

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

SUBJECT: BILL NEWMAN, 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: F. TIMOTHY BULLARD, C.P.A.  
Name (Printed or typed)

P.O. BOX 1066  
Address

LAND O' LAKES, FLORIDA 34639  
City, State & Zip

813-996-6269  
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:

BILL NEWMAN, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16375 Forzando Ave.  
Brooksville, Florida 34604

Mailing address: P.O. Box 9083  
Brooksville, FL 34604

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in business of commercial sign service  
and installation

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 authorized

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William R. Newman 16375 Forzando Ave. Brooksville, FL 34604 President

Howard T. Toler 16375 Forzando Ave. Brooksville, FL 34604 Vice-President

## ARTICLE VI REGISTERED AGENT

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

F. Timothy Bullard, C.P.A.  
5324 Land O'Lakes Blvd.  
Land O'Lakes, FL 34639

Mail only to: P.O. Box 1066  
Land O'Lakes, FL 34639

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

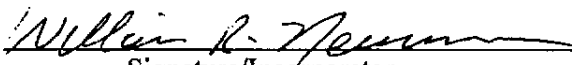
William R. Newman  
16375 Forzando Ave.  
Brooksville, FL 34604

\*\*\*\*\*

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

3-10-05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3-8-05  
\_\_\_\_\_  
Date