

705000110473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

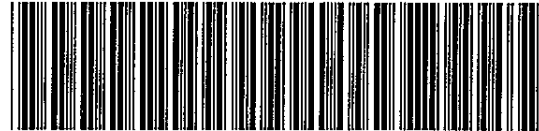
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000058128620

08/08/05--01017--019 **70.00

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
05 AUG -8 AM 7:25

J. Shivers AUG 10 2005

TRANSMITTAL LETTER

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

SUBJECT:

William ALBRIGHT, 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 J. ALBRIGHT

Name (Printed or typed)

701 AQUISTA DR #263

Address

Punta Gorda, FL 33951

City, State & Zip

941-628-1643

Daytime Telephone number

05 AUG - 8 AM 7:25

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 Albright, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 129
Rockwood, Mi 48173-0129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Starting new Bussiness

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William J ALBRIGHT
P.O. Box 511442
Punta Gorda, Fl 33951-1442

ARTICLE VI REGISTERED AGENT

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

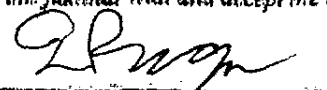
Thomas Pugno
701 AQUIESTA DRIVE #263
Punta Gorda, Fl. 33951

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas Pugno
701 AQUIESTA DRIVE #263
Punta Gorda, Fl. 33951

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


Signature/Incorporator

Date

Date

05 AUG -8 AM 7:25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS