

PS8000131254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

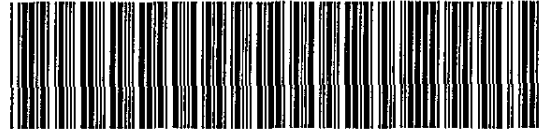
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: William Lackie 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: William Lackie  
Name (Printed or typed)

890 Maple Forest Dr  
Address

Orlando FL 32825  
City, State & Zip

407-244-8585  
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 Lackie INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

890 maple Forest Dr.  
Orlando FL 32825

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Painting

**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 Lackie

**ARTICLE VI REGISTERED AGENT**

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

William Lackie  
890 maple Forest Dr Orlando FL 32825

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

William Lackie  
890 maple Forest Dr Orlando FL 32825

\*\*\*\*\*

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

William Lackie

Signature/Registered Agent

9/21/05

Date

William Lackie

Signature/Incorporator

9/21/05

Date

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2005 SEP 26 A 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA