

PO6000111198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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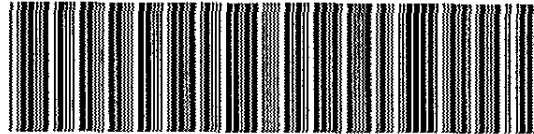
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 AUG 25 2:07
SEALING STATE
TALLAHASSEE, FLORIDA

8/25/06

COVER LETTER

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

SUBJECT: MICHAEL R WILLIAMS, 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: MURRAY J COHEN P.A.
Name (Printed or typed)

10330 CAMELBACK LANE
Address

BPCA RATON, FL. 33498
City, State & Zip

561-482-8682
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:
MICHAEL R WILLIAMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
58-48 FOREST GROVE DR
BOYNTON BEACH, FL. 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is:
1000 NO PAR STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
MICHAEL R WILLIAMS
58-48 FOREST GROVE DR.
BOYNTON BEACH FL. 33437
PRES

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
MURRAY J COHEN PA
10330 CAMELBACK LANE
BOCA RATON, FL 33498


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
MURRAY J COHEN
10330 CAMELBACK LANE
BOCA RATON, FL. 33498

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

FILED
06 AUG 25 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUGUST 22 2006

Date

AUGUST 22 2006

Date