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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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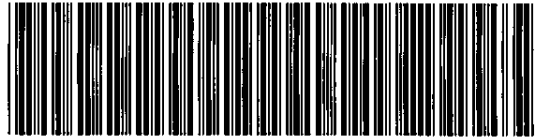
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Williams Community Lab 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: Nathiel L. Williams  
Name (Printed or typed)

201 S.E. Mohawk Way  
Address

Lake City Florida 32025  
City, State & Zip

(386) 466-1100  
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:

Williams Community Lab Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

609 5th Street Suite #2 Azalea Court Live Oak Fl. 32060

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Community Health Care Service

## ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nathiel L. Williams Sr. 201 SE Mohawk Way Lake City Fl 32025 Persident ,tresure .Alfredia 201 SE Mohawk way Lake City Fl .32025 Vice Perisdent ,Secretary

## ARTICLE VI REGISTERED AGENT

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

Joe B. Williams 628 NE 17 Street Gainesville Fla. 32601

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nathiel L. Williams & Alfredia D. Williams

201 SE MOHAWK<sup>way</sup> Lake City Fla  
32025

\*\*\*\*\*

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

Joe B. Williams

Signature/Registered Agent

Signature Incorporator

FILED

07 JAN -2 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Williams

12-28-06

Date

12-28-06

Date