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SECRETARY OF STATE

D. WHITE JUN 15 2007

#### **COVER LETTER**

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

SUBJECT: William Cox Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and	d a check for:	
\$\bigsize \\$70.00 \bigsize \\$78.75 \\ Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: William Cox Inc.			
Name (Printed or typed)			
t2116 West Sewaha Street		/ - 4P	
,	Address		
Tampa, Fi 33612	State & Zip		
813-690-1198	elephone 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 Cox Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2116 West Sewaha

TAMPA, FL 33612

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Improvement

#### 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 Cox

2116 West Sewaha

Tampa, Fi 33612

#### ARTICLE VI REGISTERED AGENT

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

William Cox 2116 W-Sevaha Tampa T-L 33612 ARTICLE VII' INCORPORATOR

The name and address of the Incorporator is:

William Cox

2116 West Sewaha

Tampa, FL 33612

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

Miff Signature/Registered Agent

Date

Date

Signature/Incorporator

Date