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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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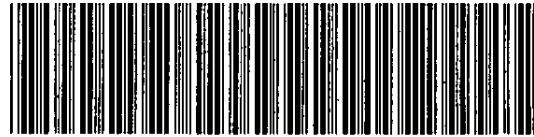
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CS-8-22

COVER LETTER

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

SUBJECT: THOMAS H. WILLIFORD, ARCHITECT, P.A.
(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: THOMAS HILLEARY WILLIFORD
Name (Printed or typed)

P.O. Box 236
Address

HOLDER, FL. 34445
City, State & Zip

(352) 476-1937
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

THOMAS H. WILLIFORD, ARCHITECT, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

779 E. CONNECTICUT LN.
HERNANDO, FL. 34442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage, as a Professional Association, in a licensed ARCHITECTURAL PRACTICE, as regulated by the FLORIDA DEPT. OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF ARCHITECTURE, UNDER THE LAWS OF THE STATE OF FLORIDA. THIS CORPORATION SHALL HAVE ALL THE GENERAL & SPECIFIC POWERS & RIGHTS GRANTED OR CONFERRED TO SUCH A CORPORATION BY THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: CORPORATION IS AUTHORIZED TO ISSUE UP TO 1000
SHARES OF COMMON STOCK.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THOMAS H. WILLIFORD, 779 E. CONNECTICUT LN, HERNANDO, FL. 34442
PRESIDENT & SECRETARY

ARTICLE VI REGISTERED AGENT

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

THOMAS HILLERY WILLIFORD
779 E. CONNECTICUT LN.
HERNANDO, FL. 34442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS HILLERY WILLIFORD
779 E. CONNECTICUT LN.
HERNANDO, FL. 34442

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

Thomas H. Williford
Signature/Registered Agent

8.18.08
Date

Thomas H. Williford
Signature/Incorporator

8.18.08
Date