

PO8099981884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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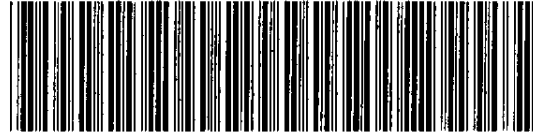
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: C-L-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: Carl L. Williams
Name (Printed or typed)

3716 Walnut St
Address

Jacksonville, FL 32206
City, State & Zip

904-563-4212
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:

C.L. Williams, Inc

ARTICLE II PRINCIPAL OFFICE

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

3716 Walnut St
Jacksonville, FL 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Trim Carpenter

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carl L Williams
3716 Walnut St
Jacksonville, FL 32206

ARTICLE VI REGISTERED AGENT

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

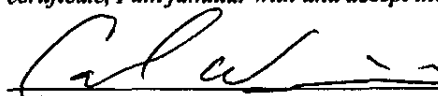
Carl L. Williams
3716 Walnut St
Jacksonville, FL 32206

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carl L. Williams
3716 Walnut St
Jacksonville, FL 32206

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

8-25-08

Date

8-25-08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA