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COVER LETTER

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

SUBJECT: Williams	s/Niehaus Laser Leveling, In (PROPOSED COR	ic. PORATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
er e		* •	
Enclosed are an orig	inal and one (1) copy of th	e articles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Da	IVIU LEE INICIIAUS, JI	Name (Printed or typed)	
	2227 NW 4th Street	Address	
· •••	Okeechobee, FL 34974	City, State & Zip	
	863-635-9506	ytime Telephone number	,

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

ARTICLÉS 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/Niehaus Laser Leveling, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2227 NW 4th Street Okeechobee, FL 34972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Agriculture Landscaping

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Lee Niehaus, Jr. P,VP,T,S 2227 NW 4th Street

Okeechobee, FL 34972

ARTICLE VI REGISTERED AGENT

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

David Lee Niehaus, Jr. 2227 NW 4th Street

Okeechobee, FL 34972

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Lee Niehaus, Jr. 2227 NW 4th Street Okeechobee, FL 34972

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

September 20, 2008

Date

September 20, 2008

Date

NE OFF THE OF STATE O