

P08000092707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-14-08

COVER LETTER

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

SUBJECT: WILL'S Home Improvements 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: William Edenfield
Name (Printed or typed)

3411 Whippoorwill Dr
Address

Tallahassee FL 32310
City, State & Zip

850-566-3261
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

WILL'S Home Improvements INC.

ARTICLE II PRINCIPAL OFFICE

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

3411 WHIPPOORWILL DR.
TALLA H. FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CARPENTRY

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRES. WILLIAM EDENFIELD 3411 WHIPPOORWILL DR.
TALLA. FL 32310

ARTICLE VI REGISTERED AGENT

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

WILLIAM EDENFIELD
3411 WHIPPOORWILL DR.
TALLA FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM EDENFIELD
3411 WHIPPOORWILL DR.
TALLA FL 32310

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

Will. Edenfield
Signature/Registered Agent
Will. Edenfield
Signature/Incorporator

10-14-08
Date
10-14-08
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA