

P09000090579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

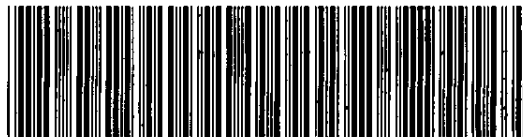
(Business Entity Name)

(Document Number)

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AND  
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09 NOV -2 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** Willa's Wings, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Amia S. Washington  
Name (Printed or typed)

3766 NW Huntsboro St. Apt: 101  
Address

Lake City, Fl 32056  
City, State & Zip

386-344-1864  
Daytime Telephone number

amiawashington@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2009

AMIA S. WASHINGTON  
3766 NW HUNTSBORO ST. APT: 101  
LAKE CITY, FL 32056

SUBJECT: WILLA'S WINGS, INC.  
Ref. Number: W09000046662

We have received your document for WILLA'S WINGS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date may be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 409A00033477

APPROVED  
AND  
FILED

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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### **ARTICLE I NAME**

The name of the corporation shall be: Willa's Wing's, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
3766 N.W. Huntsboro St. Apt:101, Lake City, FL 32055

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To give Quality care and transportation to persons with disabilities by providing support, compassion, personal care, respite care, in-home support and companionship.

### **ARTICLE IV SHARES**

The number of shares of stock is:  
*1000 Amia S. Washington, Director.*

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Amia Shanique Washington, Director  
3766 N.W Huntsboro St. Apt:101 Lake City, FL 32055

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Amia Shanique Washington, Director  
3766 N.W Huntsboro St. Apt:101 Lake City, FL 32055

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Amia Shanique Washington, Director  
3766 N.W Huntsboro St. Apt:101 Lake City, FL 32055

\*\*\*\*\*  
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

*Amia S. Washington*  
\_\_\_\_\_  
Signature/Registered Agent  
*Amia S. Washington*  
\_\_\_\_\_  
Signature/Incorporator

*10/29/09*  
\_\_\_\_\_  
Date  
*10/29/09*  
\_\_\_\_\_  
Date