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PICK-UP WAIT MAIL				
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COVER LETTER

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

SUBJECT: Johna	athon Williams Plumbing Corporation	าก	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	a check for:
☐ \$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
	Johnathon Williams Nam 27497 Pelican Ridge Circle	e (Printed or typed)	
_	-	Address	
<u> </u>	Bonita Springs, FL 34135 City	, State & Zip	
2	239-896-3834		
_	•	Telephone number	
<u>J</u>	ohnathonWilliamsPlumbing@yahoo		
	E-mail address: (to be use	ed for future annual report	notification)

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:

Johnathon Williams Plumbing Corporation

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal <u>street</u> address and mailing address, if different is: 27497 Pelican Ridge Circle
Bonita Springs, FL 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Plumbing

ARTICLE IV SHARES

The number of shares of stock is: 10.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Johnathon Williams
27497 Pelican Ridge

27497 Pelican Ridge Circle Bonita Springs, FL 34135 Officer

ARTICLE VI REGISTERED AGENT

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

Johnathon Williams

27497 Pelican Ridge Circle

Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Johnathon Williams

27497 Pelican Ridge Circle

Bonita Springs, FL 34135

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

3-10-10

Date

SECRETARY OF SE