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COVER LETTER

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

SUBJECT: Williams Consulting G	roup, Inc.
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: <u>Matthew Williams</u>	e (Printed or typed)
1377 Clint Moore Road.	Suite 300 Address
Boca Raton, Florida 33 City,	487 State & Zip
(561) 334-5030 Daytime T	elephone number
matt@unionrichusa.com E-mail address: (to be use	d 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 II	PRINCIPAL OFFICE				
	Principal street address		ress, if different is:		
1377 CLINT MOORE ROAD BOCA RATON, FLORIDA 33487			1377 CLINT MOORE ROAD BOCA RATON, FLORIDA 33487		
-		DOUA RATON, F	LURIDA 33487		
ARTICLE III	PURPOSE				
The purpose for w	hich the corporation is organized is:				
	CT BUSINESS AS MAY BE LAWFU! FE OF FLORIDA.	_ AND AUTHORIZED			
IN THE STAT	E OF FLORIDA.				
ARTICLE IV	SHARES				
	res of stock is: 1,000 SHARES AUTHOR	IZED			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS			
Name and Ti	tie: MATTHEW G. WILLIAMS, PRES.	Name and Title:			
Address:	1377 CLINT MOORE ROAD	Address:			
	BOCA RATON, FI ORIDA 33487				
Name and Ti	tle:	_			
Address:		Address:			
Name and Ti Address:	tle:	Name and Title:	\$10 mag to		
Audiess.		Address:	15 - C		
ARTICLE VI	REGISTERED AGENT				
The name and Flo	rida street address (P.O. Box NOT acceptable)	of the registered agent is:			
Name: Address:	MATTHEW G. WILLIAMS	<u></u>	11 . 27.13		
Audivas.	BOCA RATON, FLORIDA 33487	_	ිසි ර පැස් ය		
ARTICLE VII	INCORPORATOR		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	lress of the Incorporator is:				
Name:	MATTHEW G WILLIAMS				
Address:	1377 CLINT MOORE ROAD	<u></u> .			
	BOCA RATON, FLORIDA 33487				
	ed as registered agent to accept service of proce				
this certificate, I an	n familiar with any accept the appointment as re	gistered agent and agree to act	in this capacity		
			10 18 10		
 -	Required Signature/Registered Agent		12.28.10 Date		
F					
I submit this docu document to the De	ment and affirm that the facts stated herein ar partment of State Constitutes a third degree felo	e true. I am aware mat the Jai ny as provided for in 5.817.155.	se vijormaaon supmanea in a F.S.		
I submit this docu document to the De	ment and affirm that the facts stated herein ar epartment of State constitutes a third degree felo	re true. I am aware that the Jai ny as provided for in s.817.155,	F.S.		