

P110000032281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

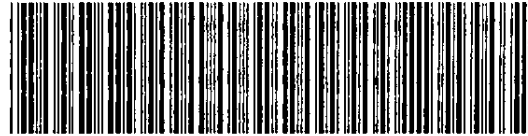
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR 30 AM 10:47

APPROVED  
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46  
W11000015265

## COVER LETTER

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

SUBJECT: Wills Concrete Creations, 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 C. wills

Name (Printed or typed)

6004 Williams Rd

Address

Seffner, FL 33584

City, State & Zip

813-270-3226

Daytime Telephone number

marahgriffin@yahoo.com

E-mail address: (to be used 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: **Wills Concrete Creations, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6004 Williams Rd  
Seffner, FL 33584

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Concrete Creations**

**ARTICLE IV SHARES**

The number of shares of stock is **1**

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

Name and Title: William C. Wills, President  
Address: 6004 Williams Rd  
Seffner, FL 33584

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: William C. Wills  
Address: 6004 Williams Rd  
Seffner, FL 33584

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William C. Wills  
Address: 6004 Williams Rd  
Seffner, FL 33584

*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*

William C Wills

Required Signature/Registered Agent

03/11/2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

William C Wills

Required Signature/Incorporator

03/11/2011

Date

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
11 MAR 30 AM 10:47  
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