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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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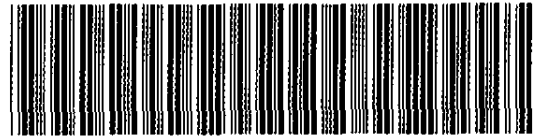
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

11 MAY -9 PM 1:12

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAY -9 PM 1:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers MAY 09 2011

COVER LETTER

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

SUBJECT: Willi Enterprise, 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: Tyrone L. Williams II
Name (Printed or typed)

2355 NW 95 Terrace
Address

Miami-Dade, FL 33147
City, State & Zip

950-251-3171
Daytime Telephone number

willit12@yahoo.com
E-mail address: (to be used for future annual report notification)

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11 MAY - 9 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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: Willi Enterprise, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2355 NW 95 Terrace
Miami-Dade, FL 33147

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any & all legal business
lawful

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Calvin Williams (VP)
Address: 2355 NW 95 Terrace
Miami-Dade, FL 33147

Name and Title: Tyrone Williams (P)
Address: 2355 NW 95 Terrace
Miami-Dade, FL 33147

Name and Title: Tyrone Williams III
Address: 4648 Cottagewood Trail
Tallahassee, FL 32311

Name and Title: Tyair Williams
Address: 1706 Keith St
Tallahassee, FL 32310

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: Tyrone L Williams III
Address: 2355 NW 95 Terrace
Miami-Dade, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tyrone Williams III
Address: 2355 NW 95 Terrace
Miami-Dade, FL 33147

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]

Required Signature/Registered Agent

5/9/2011
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.

[Signature]

Required Signature/Incorporator

5/9/2011
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA