

P11000044975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

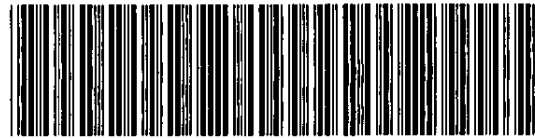
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



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05/11/11--01003--014 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 MAY 11 AM 10:12
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2011 MAY 11 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
5/11

COVER LETTER

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

SUBJECT: Wm. Keith White Co.

(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: Wm. Keith White

Name (Printed or typed)

6623 Man O War Trail

Address

Tallahassee, FL 32309

City, State & Zip

850-510-6831

Daytime Telephone number

keith6623@gmail.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

Wm. Keith White Co.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6623 Man O War Trail
Tallahassee, FL 32309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and installation of Stone, Wood and Tile. And to conduct any other lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wm. Keith White Jr. President
Address: 6623 Man O War Trail
Tallahassee, FL 32309

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:

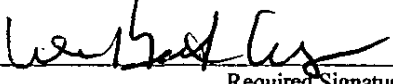
Name: Wm. Keith White Jr
Address: 6623 Man O War Trail
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wm. Keith White Jr
Address: 6623 Man O War Trail
Tallahassee, FL 32309

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

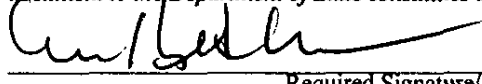


Required Signature/Registered Agent

5/8/2011

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.



Required Signature/Incorporator

5/8/2011

Date

FILED
MAY 11 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA