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COVER LETTER

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

SUBJECT: Frederick L. Williams, C.P.A. P.A	<u> </u>
(PROPOSED CORPORATE NAME – <u>MUST</u>	F INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporate \$70.00	\$87.50 Filing Fee,
FROM: FREDERICK L. WILLIAMS Name (Printed or typed) 1536 B N.W. AMHERST DRIVE Address	
PORT ST. LUCIE, FLORIDA 34968 City, State & Zip	2011 \$E(
772-871-1199 Daytime Telephone number	2011 MAY 23 SECRETARY VALLAHASSE
flwcpa@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: Frederick L. Williams, C.P.A, PA					
ARTICLE II P	RINCIPAL OFFICE				
	Principal street address	Mailing add	lress, if different is:		
153	36 B N.W. Amherst Drive	•	,		
	1 St. Lucie, Fl. 34968		<u> </u>		
1.201	LUL LUM, III D'TOU				
The purpose for which	URPOSE th the corporation is organized is: proporation for Certified Professiona	al Accountant			
ARTICLE IV S. The number of shares	of stock is 500				
	<u> VITIAL OFFICERS AND/OR DIRECTO</u>				
	Frederick L. Williams	Name and Title:			
Address:	1536 B.N.W. Amherst Drive				
	Port St. Lucie, Fl 34986				
Manage and Tisks		Name and Title			
Name and Title	<u> </u>				
Address:		Address:			
					
					
Nama and Titla	:	Name and Title			
Address:					
Address:					
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		-			
ARTICLE VI RI	EGISTERED AGENT				
	la street address (P.O. Box NOT acceptable) o	of the registered agent is:	₹ % 28		
Name:	Frederick L. Williams	2 0			
Address:	1536 B N.W. Amherst Drive	_			
	Port St. Lucie, Fl 34986				
		_	23 88		
	<u>VCORPORATOR</u>		(F)		
	ss of the Incorporator is:				
Name:	Frederick L. Williams	_	٠٠٠٠ - ١٠٠٠		
Address:	1536 B. N.W. Amherst Drive	_	22		
	Port St. Lucie, Fl 34986	_	<u> </u>		
	as registered agent to accept service of proces amiliar with and accept the appointment as reg				
0,					
- Judio	h P/ 1/12		5/19/2011		
	Required Signature/Registered Agent		Data		
	Required Signature Registered Agent		/ 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.					
- The their	EX 101:11 linn		1/19/mil		
- Journey	Required Signature/Incorporator	·	Date		
	redange affinition amonthorator				