

P11000653771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

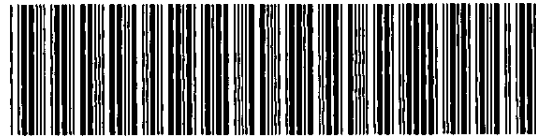
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Certificates of Status \_\_\_\_\_

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11 JUN - 8 PM 4:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11 JUN - 8 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN 09 10:02 AM

## COVER LETTER

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

SUBJECT: \_\_\_\_\_  
(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: WARREN Herbert WILLIAMS  
Name (Printed or typed)

1135 NW 23<sup>rd</sup> AVE Ste M  
Address

Gainesville Fla 32609  
City, State & Zip

352-494-4051  
Daytime Telephone number

hbwilliams1@att.net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUN - 8 PM 4:31

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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: Heavy weight enterprise of Gainesville INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1135 NW 23<sup>rd</sup> AVE. Ste M  
Gainesville Fla. 32609

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Bunks, INS, Lic, etc.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Herbert Williams (Pres.)

Address: 1135 NW 23<sup>rd</sup> AVE Ste M.

Gainesville Fla. 32609.

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: WALTON H. WILLIAMS

Address: 1135 NW 23<sup>rd</sup> AVE Ste M

Gainesville Fla. 32609.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WALTON H. WILLIAMS

Address: 1135 NW 23<sup>rd</sup> AVE Ste M.

Gainesville Fla. 32609

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

Walton H. Williams  
Required Signature/Registered Agent

6-08-2011  
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.

Walton H. Williams  
Required Signature/Incorporator

6-08-2011  
Date

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