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(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:		
call when Ready. 850-@321-1470		
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SECULIARIES OF STATE
ATTAILANASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: William brothers	Construction co.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
	ADDITIONAL COLL REQUIRED
FROM: William T. Rangall Name (Printed or typed) 2043 Pecan Court	
Address	
To 112hassee, FL 32303 City, State & Zip	
(050)321-1470 Daytime Telephone number	
Dream hundon 12@ ghhw. Com F-mail address: (to be used for forme 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: William Brothers Construction Cv. Mailing address, if different is: The purpose for which the corporation is organized is: Any and ALL Legal Business ARTICLE IV SHARES The number of shares of stock is: 100 Name and Title Address: Name and Title Name and Title: Address: Address: Name and Title Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box, NOT acceptable) of the registered agent is: Name: er ark: 188 Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is Name: Address: 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 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.