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(Requestor's Name)

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(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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W12000034357



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL -5 PM 3:35

7/6/12

**COVER LETTER**

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

**SUBJECT:** William J Schanbacher, 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:** William J Schanbacher, Jr.

Name (Printed or typed)

5334 15th Ave S

Address

Gulfport, Florida 33707

City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

officenoles@aol.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL -5 PM 3:35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JUL -5 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 26, 2012

BILL SCHANBACHER INC.  
5334 15TH AVENUE SOUTH  
GULFPORT, FL 33707

SUBJECT: BILL SCHANBACHER, INC.  
Ref. Number: W12000034357

We have received your document for BILL SCHANBACHER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 912A00017485

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL -5 PM 3:35

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** William J Schanbacher, Inc.  
The name of the corporation shall be:

12 JUL -5 PM 3: 35

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
5334 15th Ave S  
Gulfport, FL 33707

Mailing address, if different is:

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 5000

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

Name and Title:	<u>President</u>	Name and Title:	_____
Address:	<u>William J Schanbacher, Jr.</u>	Address:	_____
	<u>5334 15th Ave South</u>		_____
	<u>Gulfport, FL 33707</u>		_____

Name and Title:	<u>Secretary</u>	Name and Title:	_____
Address:	<u>William J Schanbacher, Jr.</u>	Address:	_____
	<u>5334 15th Ave South</u>		_____
	<u>Gulfport, FL 33707</u>		_____

Name and Title:	<u>Treasurer</u>	Name and Title:	_____
Address:	<u>William J Schanbacher, Jr.</u>	Address:	_____
	<u>5334 15th Ave South</u>		_____
	<u>Gulfport, FL 33707</u>		_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: William J Schanbacher, Jr.  
Address: 5334 15th Ave South  
Gulfport, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William J Schanbacher, Jr.  
Address: 5334 15th Ave South  
Gulfport, FL 33707

*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*

William J Schanbacher Jr.  
Required Signature/Registered Agent

July 1, 2012  
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.*

William J Schanbacher Jr.  
Required Signature/Incorporator

July 1, 2012  
Date