

P120000068054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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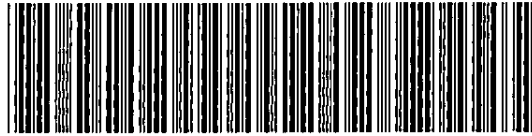
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: WILLKILLYA COUNTY, 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: FERRELL E. CHAMPION

Name (Printed or typed)

135 FONTAINE CIRCLE

Address

CRAWFORDVILLE, FL 32327

City, State & Zip

850-545-3399

Daytime Telephone number

STRICK1645@AOL.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** WILLKILLYA COUNTY, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
135 FONTAINE CIRCLE  
CRAWFORDVILLE, FL 32327

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO MANUFACTURE, PRODUCE, PURCHASE OR OTHERWISE ACQUIRE, SELL, IMPORT, EXPORT, DISTRIBUTE AND DEAL IN  
GOODS, WARES, SERVICES, MERCHANDISE, AND MATERIALS OF ANY KIND AND DESCRIPTION INCLUDING, BUT NOT  
LIMITED TO CLOTHING, BUMPER STICKERS, KOOZIES, & POSTERS. THE FOREGOING PURPOSES AND ACTIVITIES WILL  
BE INTERPRETED AS EXAMPLES ONLY AND NOT AS LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS  
PROHIBITING THE CORPORATION FROM ENGAGING IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION  
MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: FERRELL E. CHAMPION  
Address: P.O. BOX 102  
WOODVILLE, FL 32362  
PRESIDENT

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: RONALD E. PETERSON  
Address: 135 FONTAINE CIRCLE  
CRAWFORDVILLE, FL 32327  
SEC. /TREASURER

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: BEVERLY STRICKLAND  
Address: 1118 DR MLK JR MEMORIAL BLVD  
CRAWFORDVILLE, FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BEVERLY STRICKLAND *Ferrrell E Champion*  
Address: 1118 DR MLK JR MEMORIAL BLVD  
CRAWFORDVILLE, FL 32327

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

*Beverly Strickland*

Required Signature/Registered Agent

*8/6/12*  
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.

*Ferrrell E. Champion*

Required Signature/Incorporator

*8/6/12*  
Date

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