

P 13000072259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

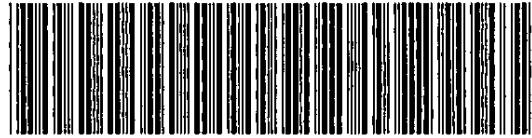
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
13 AUG 28 PM 12: 12

9/3/13

COVER LETTER

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

SUBJECT: Wade Williams, 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: Richard D. Ahlquist, Esq.
Name (Printed or typed)
4509 Bee Ridge Rd. Unit D
Address
Sarasota, FL 34233
City, State & Zip
941-377-6261
Daytime Telephone number
ahlquistandassociates@comcast.net
E-mail address: (to be used for future annual report notification)

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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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Wade Williams, Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

Wade Williams, Inc.
2625 Ringling Blvd.
Sarasota, FL 34232

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To engage in any and all construction services in the State of Florida or any other activities that are lawful in the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Wade Williams, P, S, T</u>	Name and Title:	_____
Address	<u>2625 Ringling Blvd.</u>	Address:	_____
	<u>Sarasota, FL 34237</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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:

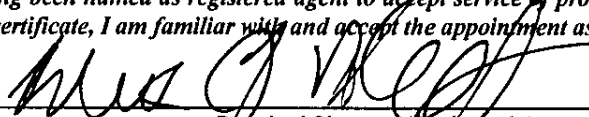
Name: Richard D. Ahlquist, Esq.
 Address: 4509 Bee Ridge Rd. Unit D
Sarasota, FL 34233

ARTICLE VII INCORPORATOR

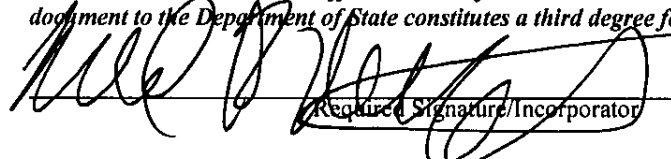
The name and address of the Incorporator is:

Name: Richard D. Ahlquist, Esq.
 Address: 4509 Bee Ridge Rd. Unit D
Sarasota, FL 34233

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

 8-23-13
 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.

 8-23-13
 Required Signature/Incorporator Date

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