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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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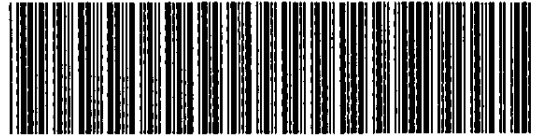
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MP
9/30/13

COVER LETTER

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

SUBJECT: William Dallas Services, 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 Dallas

Name (Printed or typed)

150 NE 5th Ave

Address

Boca Raton, FL 33432

City, State & Zip

561-929-5568

Daytime Telephone number

billdallas3@gmail.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

The name of the corporation shall be: William Dallas Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

150 NE 5th Ave

Boca Raton, FL 33432

Mailing address, if different is:

150 NE 5th Ave

Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Profit

ARTICLE IV SHARES

The number of shares of stock is: 100 (One Hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Dallas

Name and Title: _____

Address 150 NE 5th Ave

Address: _____

Boca Raton, FL 33432

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

FILED

Name and Title: _____

Name and Title: _____

13 SEP 27 PM 4:31

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: _____

William Dallas

Address: _____

150 NE 5th Ave

Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____

William Dallas

Address: _____

150 NE 5th Ave

Boca Raton, FL 33432

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

✓ W. D. Dallas

Required Signature/Registered Agent

✓ 9/23/13

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.

✓ W. D. Dallas

Required Signature/Incorporator

✓ 9/23/13

Date