

PA00004628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

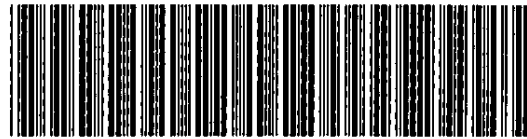
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/23/14--01012--002 **70.00

14 MAY 23 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Williams and Associates Management, 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: **Eugene Williams**

Name (Printed or typed)

9613 Jasmine Brook Circle

Address

Land O Lakes, FL 34638

City, State & Zip

917-364-9385

Daytime Telephone number

margaret.h.williams@verizon.net

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: Williams and Associates Management, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9613 Jasmine Brook Cir
Land O Lakes, FL 34638

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Eugene Williams, P</u>	Name and Title:	<u>Margaret Williams, VP</u>
Address	<u>9613 Jasmine Brook Circle</u> <u>Land O Lakes, FL 34638</u>	Address:	<u>9613 Jasmine Brook Circle</u> <u>Land O Lakes, FL 34638</u>

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.)

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:

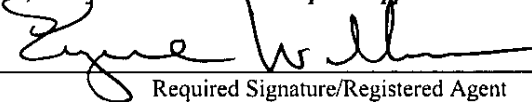
Name: Eugene Williams
Address: 9613 Jasmine Brook Circle
Land O Lakes FL, 34638

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

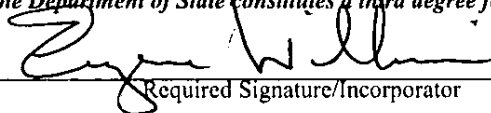
Name: Eugene Williams
Address: 9613 Jasmine Brook Circle
Land O Lakes FL 34638

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

5/21/14
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.


Required Signature/Incorporator

5/21/14
DEPT. OF STATE
TALLAHASSEE FLORIDA
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