

P14000064428

(Requestor's Name)

(Address)

(Address)

(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



200260856942

08/01/14--01010--006 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
14 AUG - 1 AM 10:15

14 AUG - 1 AM 10:38  
SECRET  
TALLAHASSEE FLORIDA

FILED

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: WILL'S MAINT. And Home Repair 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: William Edenfield  
Name (Printed or typed)

1582 Blount RD  
Address

Grand Ridge FL 32442  
City, State & Zip

850-566-3261  
Daytime Telephone number

Wedenfie124@live.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: Will's Maint. and Home Repair INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1582 Blount Rd  
Grandridge, Fl 32442

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CARPENTRY

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: William Edenfield / owner <sup>President</sup> Name and Title: \_\_\_\_\_

Address 1582 Blount Rd Address: \_\_\_\_\_

Grandridge Fl  
32442

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG -1 AM 10:33

APPROVED  
FILED

(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: William Edentfield

Address: 1582 Blount Rd

Grandridge Rd Fl 32442

**ARTICLE VII INCORPORATOR**

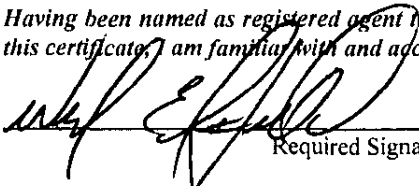
The name and address of the Incorporator is:

Name: William Edentfield

Address: 1582 Blount Rd

GRANDRIDGE Fl 32442

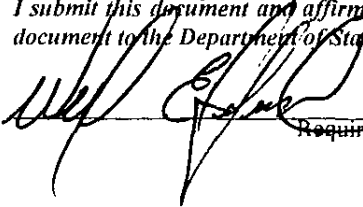
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

Aug 1st 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

Aug 1st 14  
Date