

P140000098618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

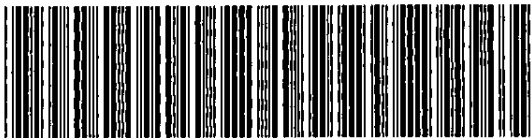
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
14 DEC 10 AM 10:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED  
14 DEC 10 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vit

## COVER LETTER

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

SUBJECT: Williams Professional 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: Raymond Williams Jr  
Name (Printed or typed)

3014 Kevin St.  
Address

Tallahassee, FL 32301  
City, State & Zip

(850) 878-1961  
Daytime Telephone number

Ray.WilliamsD8@comcast.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 Professional Services LLC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3014 KEVIN ST.  
TALLAHASSEE, FL 32301

Same

**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**

PRES. Name and Title: Raymond Williams Jr  
Address 3014 KEVIN ST  
TALLAHASSEE, FL 32301

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

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

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

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

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

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

SECRETARY  
TALLAHASSEE, FL 32301  
4 01 04

14 DEC 10 AM 10:07

APPROVED  
AND  
FILED

APPROVED  
AND  
FILED (cont.)

14 DEC 10 AM 10:07

Name and Title:	_____	Name and Title:	_____
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: Raymond Williams  
Address: 3014 KEVIN ST  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Raymond Williams  
Address: 3014 KEVIN ST  
TALLAHASSEE, FL 32301

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

<u>Raymond Williams Jr</u>	<u>12-10-14</u>
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.

<u>Raymond Williams Jr</u>	<u>12-10-14</u>
Required Signature/Incorporator	Date