

1/15/15

COVER LETTER

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

SUBJECT: Sandra S 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: Sandra S Williams
Name (Printed or typed)
17911 Leetana Road
Address
North Fort Myers, FL 33917
City, State & Zip
239-567-0636
Daytime Telephone number
sanwms@comcast.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 12 AM 9:04

FILED

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:

Sandra S Williams Inc

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15 JAN 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17911 Leetana Road

North Fort Myers, FL 33917

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: Sandra S Williams, President

Name and Title:

Address

17911 Leetana Road
N Ft Myers FL 33917

Address:

Name and Title: Sandra S Williams, Secretary

Name and Title:

Address

17911 Leetana Road
N Ft Myers FL 33917

Address:

Name and Title: Sandra S Williams, Treasurer

Name and Title:

Address

17911 Leetana Road
N Ft Myers FL 33917

Address:

(cont.)

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: Sandra S Williams Michael S. Hagen
Address: 17911 Leetana Road 6249 Presidential Ct Ste F
N Ft Myers FL 33917 Ft Myers fl 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra S Williams
Address: 17911 Leetana Road
N Ft Myers FL 33917

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

Michael S. Hagen

Required Signature/Registered Agent

1-6-2015

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.

Sandra S. Williams

Required Signature/Incorporator

1/6/2015

Date

FILED
15 JAN 12 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA