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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Williams Advisory Services, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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January 16, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: WILLIAMS ADVISORY SERVICES, INC.  
REF: W15000003500

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000012476  
Letter Number: 715A00001027

**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 Advisory Services, Inc.****ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**Robert P. Williams****5700 NE Verde Circle****Boca Raton, FL 33487****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Security Management Consultant****ARTICLE IV SHARES**

The number of shares of stock is:

**200****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Robert P. Williams, Pres**

Address:

**5700 NE Verde Circle****Boca Raton, FL 33487**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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(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: Robert P. Williams  
Address: 5700 N Verde Circle  
Boca Raton, FL 33487

**ARTICLE VII INCORPORATOR**The ~~name and address~~ of the Incorporator is:

Name: Robert P. Williams  
Address: 5700 NE Verde Circle  
Boca Raton, FL 33487

*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*

Robert P. Williams

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.*

Robert P. Williams

Required Signature/Incorporator

1/6/2015

Date