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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: William J. Steele 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: William J. Steele**

Name (Printed or typed)

**5703 Red Bug Lake Road Suite 525**

Address

**Winter Springs, FL 32708**

City, State & Zip

**407-300-9326**

Daytime Telephone number

**mrbill4581@aol.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: William J. Steele Inc

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 5703 Red Bug Lake Road  
Suite 525  
Winter Springs, FL 32708

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Food service, mobile food service and catering.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title:	<u>William J. Steele/President</u>	Name and Title:	_____
Address	<u>733 Georgia Ave.</u> <u>Longwood, FL 32750</u>	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____	Address:	_____ _____

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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 J. Steele

Address: 898 E Church Ave.  
Longwood, FL 32750

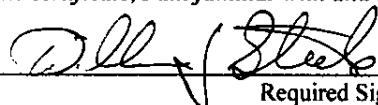
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Shawn A. Sassard

Address: 898 E. Church Ave.  
Longwood, FL 32750

*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*

 02/09/2015  
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.*

 02/09/2014  
Required Signature/Incorporator Date

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