

PI5000015579

(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



300269330663

02/12/15--01004--009 **87.50

FILED
15 FEB 12 AM 8:18
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
ADDITIONAL COPY REQUIRED	

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 1000
The number of shares of stock is: _____

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:	_____ _____

FILED
15 FEB 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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:

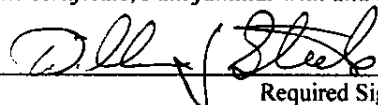
Name: William J. Steele
 Address: 898 E Church Ave.
Longwood, FL 32750

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

<u></u>	<u>02/09/2015</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></u>	<u>02/09/2014</u>
Required Signature/Incorporator	Date

FILED
 15 FEB 12 AM 8:18
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA