

P15000018089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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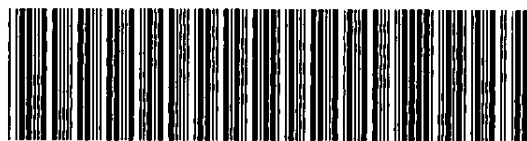
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 23 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-25-15 CG

COVER LETTER

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

SUBJECT: C.D. WILLIAMS GROUP, 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: Camell D. Williams

Name (Printed or typed)

520 Errol Parkway

Address

Apopka, Florida 32712

City, State & Zip

407-569-8694

Daytime Telephone number

cwilliams@pesiec.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: C.D. Williams Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

520 Errol Parkway
Apopka, Florida 32712

Mailing address, if different is:

SAME AS ABOVE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as a for profit business and to
engage in activities that generate a profit.

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Camell D. Williams, Pres/CEO

Address: 520 Errol Parkway
Apopka Florida 32712

Name and Title: Yvette S. Williams, VP

Address: 520 Errol Parkway
Apopka, Florida 32712

Name and Title: Kayla D. Williams, Treasurer

Address: 520 Errol Parkway
Apopka Florida 32712

Name and Title: Autumn Respress, Secretary

Address: 520 Errol Parkway
Apopka, Florida 32712

Name and Title: Chala D. Williams

Address: 520 Errol Parkway
Apopka, Florida 32712

Name and Title: Chanisha L. Williamd-Steagal

Address: 520 Errol Parkway
Apopka, Florida 32712

(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: Camell D Williams
Address: 520 Errol Parkway
Apopka, Florida 32712

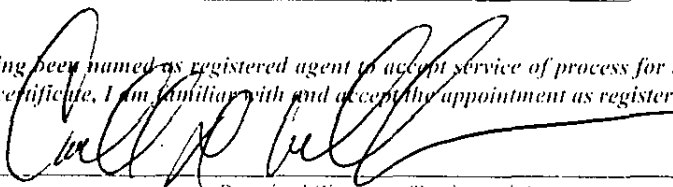
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Camell D. Williams
Address: 520 Errol Parkway
Apopka, Florida 32712

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15 FEB 23 AM 9:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

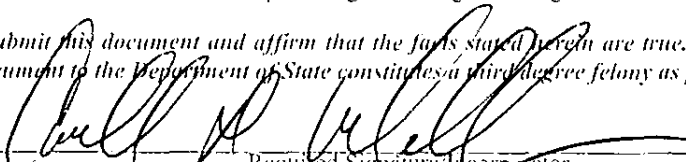


Required Signature/Registered Agent

2/19/2015

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.



Required Signature/Incorporator

2/19/2015

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2015

CAMELL D. WILLIAMS
520 ERROL PARKWAY
APOPKA, FL 32712

SUBJECT: C,D, WILLIAMS GROUP, INC.
Ref. Number: W15000010102

FILED
15 FEB 23 AM 9:51
TALLAHASSEE, FLORIDA
DEPT. OF STATE

We have received your document for C,D, WILLIAMS GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 515A00002860

FILED
15 FEB 23 PM 3:31
TALLAHASSEE, FLORIDA
DEPT. OF STATE