

P160000036790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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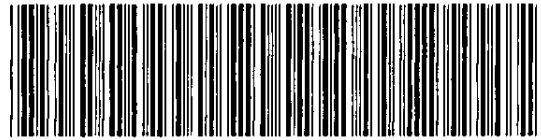
(Business Entity Name)

(Document Number)

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FILED  
16 APR 26 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 27 2016  
T SCHROEDER

## COVER LETTER

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

**SUBJECT:** Martin, Walker and 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:** Shannon Rosier

\_\_\_\_\_  
Name (Printed or typed)

PO Box 16375

\_\_\_\_\_  
Address

Tallahassee, FL 32317

\_\_\_\_\_  
City, State & Zip

850-877-6362

\_\_\_\_\_  
Daytime Telephone number

shannon@rosierco.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: Martin, Walker and Williams, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

1882 Capital Cir NE Ste 102

Tallahassee, FL 32308

Mailing address, if different is:

PO Box 3299

Tallahassee, FL 32315

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the purpose Sales of Medical Products, and any and all lawful business.

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### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN MARTIN, PRESIDENT (33.4%)

Address: PO BOX 3299

TALLAHASSEE, FL 32315

Name and Title: SCOTT WALKER (33.3%), Vice President

Address: PO BOX 3299

TALLAHASSEE, FL 32315

Name and Title: KENNETH MIKE WILLIAMS, JR (33.3%)

Address: PO BOX 3299

TALLAHASSEE, FL 32315

Secretary

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

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: SHANNON ROSIER  
Address: 1882 CAPITAL CIR NE STE 102  
TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: SHANNON ROSIER  
Address: PO BOX 16375  
TALLAHASSEE, FL 32317

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/20/16  
\_\_\_\_\_  
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

4/20/16  
\_\_\_\_\_  
Date