

Division of Corporations

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**P17000030218**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

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

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17 APR -4, PM 12:28  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION  
WILL O. INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

17 APR -4, AM 11:35

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DIVISION OF CORPORATIONS  
INFORMATION SERVICES

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h, 4/5/17

**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: WILL O. INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4286 E. GLORIA DR.

HERNANDO, FL 34442

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: general

17 APR -4 PM 12:28  
STATE OF FLORIDA  
FALL AGENCY

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: William H. Owens, PRES&DIR

ne and Title: \_\_\_\_\_

Address 4286 E. GLORIA DR.

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

HERNANDO, FL 34442

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

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

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

Address \_\_\_\_\_ 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: William H. Owens  
Address: 4286 E. GLORIA DR.  
HERNANDO, FL 34442

17 APR -14 PM 12:28  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William H. Owens  
Address: 4286 E. GLORIA DR.  
HERNANDO, FL 34442

**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

4/3/2017

\_\_\_\_\_  
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

4/3/2017

\_\_\_\_\_  
Date