

P 17 000 098 875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

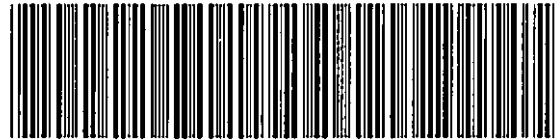
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 DEC 15 11:12:30

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2017 DEC 15 11:12:32

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D O'KEEFE  
DEC 15 2017

COVER LETTER

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

SUBJECT: Weststyle T-Shirts And More 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: Willie Henry Williams Sr  
Name (Printed or typed)

2404 Classic Allen Lane  
Address

Tallahassee FL 32311  
City, State & Zip

850-264-1639  
Daytime Telephone number

williewilliams331@gmail.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: Wildstyle T-shirts And more INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
2404 Classic Killee Lane T  
Tallahassee Fla. 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

May and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS -

Name and Title: Willie H. Williams CEO et Name and Title: \_\_\_\_\_  
St.

Address 2404 Classic Killee Lane Address: \_\_\_\_\_  
Tallahassee, FL 32311

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

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

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

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

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2017 DEC 15 11:12:52  
TALLAHASSEE, FL

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: Willie H. Williams Sr.  
Address: 2404 Classic Allen Lane  
Tallahassee, FL 32311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Willie H. Williams Sr.  
Address: 2404 Classic Allen Lane  
Tallahassee FL 32311

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2017 DEC 15 12:52  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**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 days prior or 90 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

X Willie H. Williams Sr. \_\_\_\_\_ 12/15/17  
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.

Willie H. Williams Sr. \_\_\_\_\_ 12/15/17  
Required Signature/Incorporator Date