

P18 000 027 038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

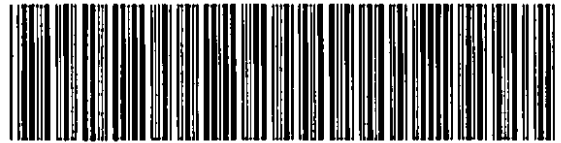
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/14/18--01024--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR 14 PM 2:26

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MAR 22 2018

COVER LETTER

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

SUBJECT: William Merriman 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: William Merriman
Name (Printed or typed)

831-B East GULF BLVD
Address

Indian Rocks Beach, FL 33785
City, State & Zip

727-224-8279
Daytime Telephone number

billmerriman@yahoo.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 Merriman Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

831-B East Gulf Blvd
Indian Rocks Beach, FL
33785

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: consulting.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Merriman - President Name and Title: _____

Address: 831 B East Gulf Blvd Address: _____
Indian Rocks Bch
FL 33785

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA



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 Merriman
 Address: 831-B East GULF BLVD
Indian Rocks Bch, FL
33785

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Merriman
 Address: 831-B East GULF BLVD
Indian Rocks Bch, FL
33785

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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.)

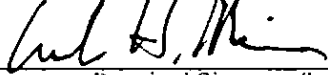
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

03/09/2018
 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

03/09/2018
 Date