

P18000046413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

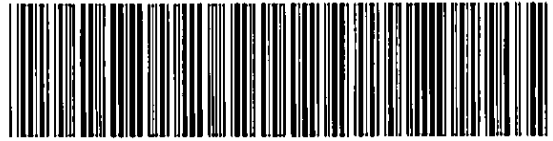
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 21 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL 32310

05/21/18--01003--015 **87.50

MAY 21 PM 1:39

WV

COVER LETTER

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

SUBJECT: T. Williams Transport, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

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MAY 21 PM 1:59
TALLAHASSEE, FL
SECRETARY OF STATE

FROM: Terry L. Williams

Name (Printed or typed)

Post Office Box 938

Address

Midway, FL 32343

City, State & Zip

850-509-8831

Daytime Telephone number

Terry1.will@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: T. Williams Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

126 High Bluff Landing Road

Midway, FL 32343

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Start new business.

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2018 MAR 21 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry L. Williams, President

Name and Title: _____

Address P O Box 938

Address: _____

Midway, FL 32343

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: Terry L. Williams
Address: 126 High Bluff Landing Road
Midway, FL 32343

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2018 MAY 21 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

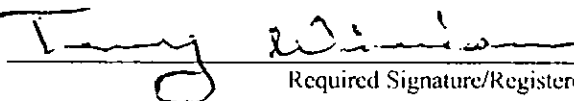
Name: Terry L. Williams
Address: Post Office Box 938
Midway, FL 32343

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 21, 2018. (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


Required Signature/Registered Agent

May 21, 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

May 21, 2018

Date