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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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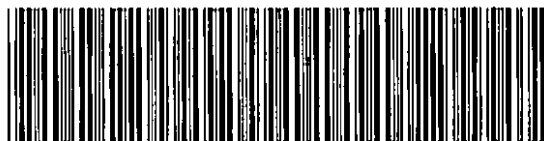
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT 17 AM 10:53
SECRETARY OF STATE
TREASURY DIVISION

DEC 10 2018

C Kinsey

COVER LETTER

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

SUBJECT: Erica Williams, PA

(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: Eric Williams
Name (Printed or typed)

990 NW 203rd St.
Address

Miami, FL 33169
City, State & Zip

(786) 307-3210
Daytime Telephone number

YourAgentErica@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: Erica Williams, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

990 NW 203rd St.

Miami, FL 33169

Mailing address, if different is:

990 NW 203rd St.

Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist clients with purchasing, selling, investing, and leasing real estate.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erica Williams, ~~PA~~ *P*

Address 990 NW 203rd St.

Miami, FL 33169

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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CLERK OF DISTRICT COURT
JULIA S. STEIN, CLERK

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: Erica Williams _____

Address: 990 NW 203rd St. _____

Miami, FL 33169 _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Erica Williams _____

Address: 990 NW 203rd St. _____

Miami, FL 33169 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ~~11/30/18~~ ^{EW} _____ (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 Erica A. Williams
Required Signature/Registered Agent

11/30/18
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.

x Erica A. Williams
Required Signature/Incorporator

11/30/18
Date