

3/6/2019

P19 000 018 864

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000076549 3)))



H190000765493ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
WILLARD REALTY TEAM CORP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Division of Corporations
TALLAHASSEE, FLORIDA

19 MAR -5 AM 11:03

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H19000076549 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME WILLARD REALTY TEAM CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

613 NORTHLAKE BLVD, SUITE 1

134 BLANCA ISLES LANE

NORTH PALM BEACH, FL 33408

JUPITER, FL 33478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE GENERAL NATURE OF BUSINESS OF THIS CORPORATION IS TO TRANSACT ANY

AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUSTIN WILLARD, PRES

Name and Title: CLAUDIA WILLARD, VP

Address: 134 BLANCA ISLES LANE

Address: 134 BLANCA ISLES LANE

JUPITER, FL 33478

JUPITER, FL 33478

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
19 MAR -5 AM 11:03
TALLAHASSEE, FLORIDA

(((H19000076549 3)))

((H19000076549 3))

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: JUSTIN WILLARD
 Address: 134 BLANCA ISLES LANE
 JUPITER, FL 33478

FILED
 19 MAR -6 AM 11:03
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JUSTIN WILLARD
 Address: 134 BLANCA ISLES LANE
 JUPITER, FL 33478


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

Justin Willard _____  _____ 3-6-19
 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.

Justin Willard _____  _____ 3-6-19
 Required Signature/Incorporator Date

((H19000076549 3))