

H21000298144 3

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.

(((H21000298144 3)))



H210002981443ABC+

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

2021 AUG -6 PM 12:58

To:

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

From:

Account Name : UNITED AGENT SERVICES LLC  
Account Number : I20210000087  
Phone : (866)246-2669  
Fax Number : (520)333-2793

2021 AUG -6 AM 10:30

2021 AUG -6 AM 10:30

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

Email Address: filings@unitedagentservices.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
WILLINGHAM II INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

AUG 09 2021

T. SCOTT

H21000298144 3

Fm:MyFax - United Agent Services To:ARTICLES OF ORGANIZATION FOR FLORIDA CORPORATIO  
(18506176381) 14:06 08/06/21 GMT-05 Pg. 3-5  
8/7/2021 Division of Corporations

---

H21000298144 3

---

Electronic Filing  
Menu

Corporate Filing Menu

Help

H21000298144 3

**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: WILLINGHAM II INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
120 SOUTH ANOKA AVENUE

AVON PARK FL 33825

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GARY WILLINGHAM, D, P, T, S

Address

PO BOX 9304

SEBRING FLORIDA 33872

Name and Title:

Address

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2021 AUG -6 AM 10:30  
WILLINGHAM II INC  
FILED

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: DEVON P DONALDSON  
Address: 120 SOUTH ANOKA AVENUE  
AVON PARK FL 33825

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shayne Trinidad  
Address: 221 N Broad St  
Middletown, DE 19709

**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*

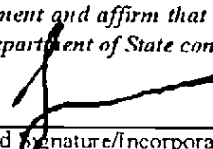
***DEVON P DONALDSON***

\_\_\_\_\_  
Required Signature/Registered Agent

08/06/2021

\_\_\_\_\_  
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

08/06/2021

\_\_\_\_\_  
Date