

P22000032451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

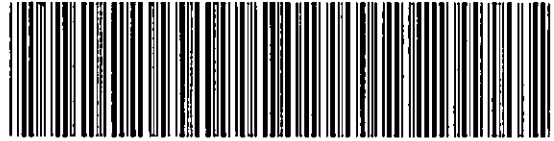
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAY -2 AM 11:38  
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2022 MAY -2 PM 1:41  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: WATKINS BUSINESS SERVICES, 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: ANTHONY WATKINS  
Name (Printed or typed)  
134 SE HART AVE Box 673  
Address  
MAYO, FL 32066  
City, State & Zip  
561-719-8627  
Daytime Telephone number  
ANTHONYLEOWATKINS@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: WATKINS BUSINESS SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

134 S.E. HART AVE  
MAYO FL 32066

Mailing address, if different is:

PO BOX 673  
MAYO, FL 32066

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVE LOCAL BUSINESSES  
WITH BASIC OFFICE SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is: 100

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SECRET

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY WATKINS Name and Title: PRESIDENT

Address: 134 S.E. HART AVE Address: \_\_\_\_\_  
BOX 673  
MAYO, FL 32066

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: ANTHONY WATKINS

Address: 134 SE HART AVE Box 673  
MAYO, FL 32066

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTHONY WATKINS

Address: 134 SE HART AVE Box 673  
MAYO, FL 32066

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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*

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

5/2/2022  
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

5/2/2022  
Date