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TRANSMITTAL LETTER

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

Robert Duncombe PA

SUBJECT:Rol	pert Duncombe PA				
	(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:		
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM:	Robert Duncombe	ne (Printed or typed)			
	8747 Maple Pond Court	Address	· · · · · · · · · · · · · · · · · · ·		
Trinity , Florida 34655 City, State & Zip					
•	727-457-7350				
Daytime Telephone number					

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:

Robert Duncombe PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8747 Maple Pond Court Trinity , Florida 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares authorized

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Robert Duncombe 8747 Maple Pond Court Trinity, Florida 34655 081-52-9841

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Robert Duncombe 8747 Maple Pond Court Trinity,Florida 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Duncombe 8747 Maple Pond Court Trinity, Florida 34655

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

Signature/Registered Agent

Signature/Incorporator

Date

- Date