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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
TONY ROBERTSON DESIGN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV -9 PM 1:46
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DIVISION OF CORPORATIONS
FLORIDA

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COVER LETTER

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

SUBJECT: Tony Robertson Design, 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: Rachael Cizeniski
Name (Printed or typed)

941 NE 19th AVE #301
Address

Fort Lauderdale, FL 33304
City, State & Zip

954-525-1237
Daytime Telephone number

scd5@wellsouth.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -9 PM 1:49

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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 Tony Robertson Design, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
Tony Robertson, Inc.
3115 TERRAMAR ST #1
FTL 33304

Mailing address, if different is:
c/o SCD DEVELOPMENTS
941 NE 19 AVE STE 301
Fort Lauderdale, FL 33304

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Interior Design

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tony Robertson, President</u>	Name and Title:	_____
Address	<u>3115 Terramar St. #1</u>	Address:	_____
	<u>Fort Lauderdale, FL</u>		_____
	<u>33304</u>		_____

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: Kimberly Peil
 Address: 941 NE 10TH AVE. SUITE 301
FORT LAUDERDALE, FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tony Robertson
 Address: 3115 TERRAMAR ST #1
FORT LAUDERDALE, FL 33304

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 business days prior or 90 business 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

Kimberly Peil _____ 11/16/15
 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.

[Signature] _____ 11/16/15
 Required Signature/Incorporator Date

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