TRANSMITTAL LETTER

# 54346 Department of State

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

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

**☑** \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT

Name (Printed or typed)

500005505655 -05/13/02--01035

1011 Avon Rd.

Address

(561)

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

05-16-02

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

#### NAME ARTICLE I

The name of the corporation shall be:

BOB'S SPECIALITIES INC

#### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

1011 Avon Rd.

West Palm Beach, Fl. 33401

#### **PURPOSE** ARTICLE III

The purpose for which the corporation is organized is:

COMPUTER CONSULTANT

#### (Mobil) SHARES ARTICLE IV

The number of shares of stock is:

500 Hundred Shares for value of 1.00 per share

## ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

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

100% ( President) ROBERT A. DE GRAAF

#### REGISTERED AGENT ARTICLE VI

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

ROBERT A. DE GRAAF

Avon Rd. West Palm Beach Fl. 33401 1011

### INCORPORATOR

The name and address of the Incorporator is:

ROBERT A. DE GRAAF

1011 Avon Rd.

(BOB'S SPECIALITIES Inc. West Palm Beach Fl 33401

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

05-06-02 Date