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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

TBL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRET
FALL 2003
FLORIDA

03 MAY 29 4 03 21

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 29, 2003

EMPIRE CORPORATE KIT COMPANY

SUBJECT: TBL, INC.
REF: W03000015295

We have received your document for TBL, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L020000020069.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

FAX Aud. #: H03000202960
Letter Number: 003A00033797

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

H03000202960

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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:

Robeal, Inc

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:
8908 NW 149 Terrace
Miami Lakes, FL 33018

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To conduct any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is:
5000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):
Robik Leal, President/Director
8908 NW 149 Terrace
Miami Lakes, FL 33018

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Robik Leal
8908 NW 149 Terrace
Miami Lakes, FL 33018

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Robik Leal
8908 NW 149 Terrace
Miami Lakes, FL 33018

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

X _____
Signature Registered Agent

X _____
Signature Incorporator

5/27/03
Date
5/27/03
Date

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03 MAY 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Robek, Inc.

2. The name and address of the registered agent and office is:

Robek Leal

(Name)

8908 NW 149 Terrace

(P.O. Box not acceptable)

Miami Lakes, FL 33018

(City/State/Zip)

SECTION 607.0501
TALLAHASSEE, FLORIDA

03 MAY 29 AM 8:21

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X [Signature]
(Signature)

5/27/03

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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