

PD30000118730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

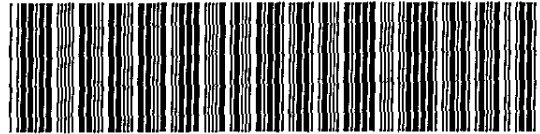
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-23-03
[Signature]

TRANSMITTAL LETTER

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

SUBJECT: BOBBY D. PRATT 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: BOBBY PRATT

Name (Printed or typed)

2023 PLANTATION DRIVE

Address

JACKSONVILLE, FLORIDA 32211

City, State & Zip

904-219-6481

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:

BOBBY D. PRATT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2023 PLANTATION DRIVE
JACKSONVILLE, FL. 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTALLATION OF CABINETRY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BOBBY D. PRATT
2023 PLANTATION DRIVE
JACKSONVILLE, FL. 32211
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

DEBBIE REYNOLDS
2023 PLANTATION DRIVE
JACKSONVILLE, FL. 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BOBBY D. PRATT
2023 PLANTATION DRIVE
JACKSONVILLE, FLORIDA 32211

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

10/26/03

Date



Signature/Incorporator

10/16/03

Date

FILED

03 OCT 20 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA