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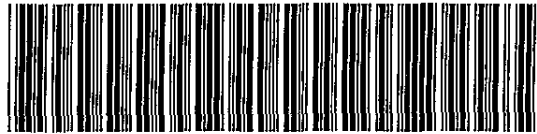
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Adrienne **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT articles
DATE 11/5/03
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10/30/03--01037--001 **87.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ROBERT B. MARTIN, /NC.
(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 ☐ \$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: Adrienne Martin, Registered Agent
Name (Printed or typed)

1064 SW 42nd Ave.
Address

Deerfield Beach, FL 33442
City, State & Zip

954-689-6014 or 561-706-4129
Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF
ROBERT B. MARTIN, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

The name of the Corporation is:
ROBERT B. MARTIN, INC.

ARTICLE II

The Corporation shall exist in perpetuity commencing on the date of execution and acknowledgement of these Articles of Incorporation.

ARTICLE III

The Corporation may engage in the business of Interior Design and Decoration and any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

The Corporation is authorized to issue 10,000 shares of \$1.00 par value common stock which shall be designated "Common Shares."

ARTICLE V

In the event of any voluntary or involuntary liquidation, dissolution or winding up of this Corporation the assets of the Corporation shall be payable to and distributed ratably among the holders of record of the Common Shares.

ARTICLE VI
VOTING RIGHTS:

Except as otherwise provided by Law, the entire voting power of the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding Common Shares.

ARTICLE VII
PREEMPTIVE RIGHTS:

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VIII

The street address of the initial registered office of this Corporation is: **1064 SW 42 AVENUE, DEERFIELD BEACH, FLORIDA 33442**, and the name of the initial registered agent of this Corporation at that address is: **ADRIENNE MARTIN**, and the principal place of business of the corporation is **1064 SW 42 AVENUE, DEERFIELD BEACH, FLORIDA 33442**.

ARTICLE IX

This Corporation shall have One (1) Director initially. The number of the Directors may be increased from time to time but shall never be less than one (1). The name and address of the initial Director of the Corporation is:

ROBERT B. MARTIN
1064 SW 42 AVENUE
DEERFIELD BEACH, FLORIDA 33442

ARTICLE X

The name and address of the person or entity signing these Articles of Incorporation is:

ROBERT B. MARTIN
1064 SW 42 AVENUE
DEERFIELD BEACH, FLORIDA 33442

ARTICLE XI

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendments thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 24th day of October, 2003.

ROBERT B. MARTIN, INC.

BY: _____

ROBERT B. MARTIN, Incorporator

STATE OF (**FLORIDA**)

COUNTY OF (**BROWARD**)

I HEREBY CERTIFY on this day, before me, an officer duly authorized to administer oaths and to take acknowledgements, personally appeared **ROBERT B. MARTIN**, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person, i.e., Florida Drivers License and that an oath was not taken.

WITNESS my hand and official seal, this 24th day of October, 2003, in the County and State aforesaid.



Allana Springer
MY COMMISSION # CC941817 EXPIRES
June 4, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

Allana Springer
PRINT NAME:

NOTARY PUBLIC, STATE OF FLORIDA

My commission expires: 6/4/04

Commission No: _____

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.**

IN PURSUANCE OF CHAPTER 607.34, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED IN COMPLIANCE WITH SAID ACT:

FIRST THAT **ROBERT B. MARTIN, INC.**, DESIRING TO ORGANIZE UNDER THE LAWS
OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL OFFICE, AS INDICATED IN THESE
ARTICLES OF INCORPORATION AT 1064 SW 42 AVENUE, **DEERFIELD BEACH,
FLORIDA 33442** HAS NAMED **ADRIENNE MARTIN**, LOCATED AT 1064 SW 42
AVENUE, **DEERFIELD BEACH, FLORIDA 33442**, AS ITS AGENT TO ACCEPT SERVICE
OF PROCESS WITHIN FLORIDA.

ROBERT B. MARTIN, INC.

BY: Adrienne Martin
ADRIENNE MARTIN, Registered Agent

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES.

ROBERT B. MARTIN, INC.

BY: Adrienne Martin
ADRIENNE MARTIN Dated

STATE OF (**FLORIDA**)

COUNTY OF (**BROWARD**)

I HEREBY CERTIFY on this day, before me, an officer duly authorized to
administer oaths and to take acknowledgements, personally appeared **ADRIENNE MARTIN**,
known to me to be the person described in and who executed the foregoing instrument, who
acknowledged before me that he executed the same, that I relied upon the following form of
identification of the above-named person; Florida Drivers License and that an oath was not taken.

WITNESS my hand and official seal, this 24th day of **October**, 2003, in the
County and State aforesaid.



Allana Springer
MY COMMISSION # CC941817 EXPIRES
June 4, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

ALLANA SPRINGER
PRINT NAME: ALLANA SPRINGER
NOTARY PUBLIC, STATE OF FLORIDA
My commission expires: 6/4/04
Commission No: _____

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