

P03000146710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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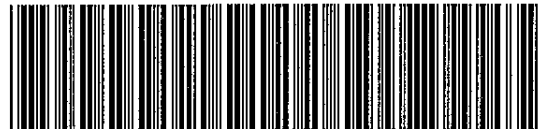
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: Bob Lillard, 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 ☐ \$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: Bob Lillard

Name (Printed or typed)

PO Box 2216

Address

Crystal River, Fl. 34423

City, State & Zip

(352) 212-8031

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:
Bob Lillard, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
PO Box 2216
Crystal River, Fl. 34423

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Marketing

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):
Robert Lillard, President/VP/Sec/Treasurer/Director
PO Box 2216
Crystal River, Fl. 34423

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Robert Lillard
2041 N. Donovan Ave.
Crystal River, Fl. 34428

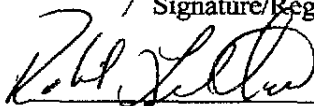
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Robert Lillard
PO Box 2216
Crystal River, Fl. 34423

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

FILED

03 DEC -3 PM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-2-03

Date

12-2-03

Date