

PO3000157795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

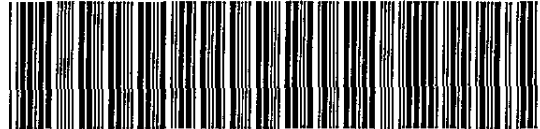
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Robert Martin, 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: Robert L. Martin  
Name (Printed or typed)

5626 Norde Dr. W.  
Address

Jacksonville, FL 32244  
City, State & Zip

904-771-4773  
Daytime Telephone number

CK. NO. 1307

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:

Robert Martin, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5626 Norde Drive West  
Jacksonville, FL 32244

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction

## ARTICLE IV SHARES

The number of shares of stock is:

100 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert L. Martin  
5626 Norde Dr. W.  
Jacksonville, FL 32244

## ARTICLE VI REGISTERED AGENT

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

Robert L. Martin  
5626 Norde Dr. W.  
Jacksonville, FL 32244

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert L. Martin  
5626 Norde Dr. W.  
Jacksonville, FL 32244

\*\*\*\*\*

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

Robert L Martin

Signature/Registered Agent

12-12-03  
Date

Robert L Martin

Signature/Incorporator

12-12-03  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA