

PO40000003650

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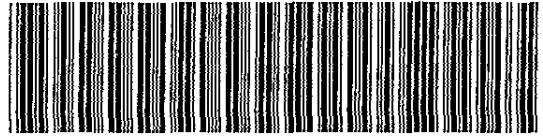
(Business Entity Name)

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FILED  
04 JAN -5 PM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W03-36953

1-7-04  
[Signature]

## TRANSMITTAL LETTER

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

SUBJECT:

ROBERT M. PIJARSKI 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:

JOHN P. 1220 & ASSOCS INC

Name (Printed or typed)

773 JO INDIANA AVENUE

Address

ENGLEWOOD FLORIDA 34223

City, State & Zip

941- 475-7617

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 6, 2003

JOHN P IZZO & ASSOCS INC  
773 S INDIANA AVE  
ENGLEWOOD, FL 34223

SUBJECT: ROBERT M. PISARSKI, INC.  
Ref. Number: W03000036953

We have received your document for ROBERT M. PISARSKI, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

An effective date may be added to the Articles of Incorporation if a 2004 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6930.

Donna Graves  
Document Specialist  
New Filings Section

Letter Number: 803A00065745

RECEIVED  
04 JAN -5 PM 1:31  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

FILED

04 JAN -5 PM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
Robert M. Pisarski, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s), the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Robert M. Pisarski, Inc.

ARTICLE II PRINCIPLE OFFICE

9230 Pine Cove Road  
Englewood, Florida 34224

ARTICLE III CAPITAL STOCK

One Thousand (1000) Shares

ARTICLE IV INITIAL REGISTERED AGENT

The name and address of the initial registered agent shall be:

John P. Izzo  
773 So. Indiana Avenue  
Englewood, Florida 34223

## ARTICLE V INCORPORATORS

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Robert M. Pisarski  
9230 Pine Cove Road  
Englewood, Florida 34224

Lillian J. Pisarski  
9230 Pine Cove Road  
Englewood, Florida 34224

The undersigned has (have) executed these Articles of Incorporation this  
20 day of November, 2003

Robert M. Pisarski  
Robert M. Pisarski, President & Treasurer  
Lillian J. Pisarski  
Lillian J. Pisarski, V. Pres. & Secretary

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office in the State of Florida:

1. The name of the corporation is:

Robert M. Pisarski, Inc.

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

John P. Izzo  
773 So. Indiana Avenue  
Englewood, Florida 34223

Signature Robert M. Pisarski

Title: President

Dated: November 20, 2003

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 PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: [Signature]

Dated: 12/31, 2003

REGISTERED AGENT FILING FEE: \$ 35.00

FILED  
04 JAN -5 PM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA