

P04000000 6065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

js

TRANSMITTAL LETTER

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

SUBJECT: Bobby ESTES FLOORS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

James E Estes
Name (Printed or typed)

6409 Jet Pilot Trail
Address

Tallahassee FL 32308
City, State & Zip

508-5093
Daytime Telephone number

SECRET
TALLAHASSEE, FLORIDA

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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 ESTES FLOORS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6409 JET PILOT TRAIL
TALLAHASSEE FLA 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~STATE LAW~~
CHARTERED CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JAMES E. ESTES
6409 JET PILOT TRAIL
TALLAHASSEE FLA 32308

ROBERT L. HILL
4484 WESTOVER DR, TALL FL 32303

ARTICLE VI REGISTERED AGENT

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


JAMES E. ESTES
6409 JET PILOT TR.
TALL FL 32308

ARTICLE VII INCORPORATOR

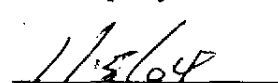
The name and address of the Incorporator is:

JAMES E. ESTES
6409 JET PILOT TR
TALL 32308

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



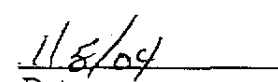
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA