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1/27/04

TRANSMITTAL LETTER

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

SUBJECT: ROBBIE REYNOLDS 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: ROBERT REYNOLDS

Name (Printed or typed)

P.O. BOX 41063

Address

JACKSONVILLE, FLORIDA 32203

City, State & Zip

904-219-7150

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:
ROBBIE REYNOLDS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
P.O. BOX 41063
JACKSONVILLE, FLORIDA 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
INSTALLATION OF DRYWALL

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 REYNOLDS JR.
P.O. BOX 41063
JACKSONVILLE, FLORIDA 32203
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
DEBBIE PRATT
2023 PLANTATION DRIVE
JACKSONVILLE, FLA. 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
ROBERT REYNOLDS JR.
P.O. BOX 41063
JACKSONVILLE, FLORIDA 32203

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

Debbie Pratt
Signature/Registered Agent

1-15-04
Date

Robert Reynolds
Signature/Incorporator

1-15-04
Date

FILED
04 JAN 21 PM 4:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA