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(Re	equestor's Name)				
(Ad	idress)				
(Ad	ldress)	<u></u>			
(Cit	ty/State/Zip/Phone #/				
PICK-UP	WAIT	MAIL			
(Bu	rsiness Entity Name)				
(Document Number)					
Certified Copies	_ Certificates of	Status			
Special Instructions to	Filing Officer:		n		





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SECRETARY OF STATE DIVISION OF CHILDWANDS

TRANSMITTAL LETTER

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

SUBJECT:	(Proposed corporate name- must include suffix)				
Enclosed is an	original and one (1) copy of the	articles of incorporation a	nd a check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certification of Status	☐ \$78.75 Filing Fee & Certified Copy			
		Additional Copy	i		
	FROM: Camille Robb	me (Printed or typed)			
6113 North Hudson Street Address Orlando, Florida 32808 City, State & Zip		04 MAY 2 J			
	407297-1810	Daytime Telephone number	PM 3: 20		

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:	
Robb's Construction Service, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
6113 North Hudson Street, Orlando Florida 32808	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
To engage in any activities or business permitted under the laws of the State of Florida	ne United States and
ARTICLE IV SHARES The number of shares of stock is:	
One thousand (1000) Shares at one dollar (\$1.00) par value	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional The name(s) and address(es):	
Albert Robb 6113 North Hudson Street, Orlando Fl 32808 CamilleRobb 6113 North Hudson Street, Orlando Fl 32808	MAY 2
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	CHEPORATIONS I PM 3: 20
Camille Robb 6113 North Hudson Street, Orlando Fl 32808	: 20
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	<i>.</i>
Albert Robb 6113 North Hudson Street, Orlando Fl 32808 Camille Robb 6113 North Hudson Street, Orlando Fl 32808	
Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.	place designated in this sity
	5-17-04
Signature/Registered Agent , /	Date

Signature/Incorporator