

P04000085495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

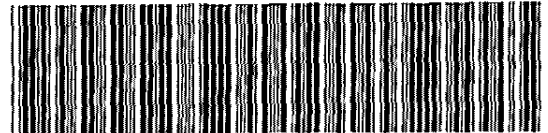
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06-01-04  
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## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*Robert Jay Espy*  
(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:

*Robert Jay Espy*  
Name (Printed or typed)

*20 Dani-Rene Dr*  
Address

*Crawfordville FL 32327*  
City, State & Zip

*850-879-6962*  
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:

*Robert Jay Espy Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*20 Dani-Rene Dr.  
Crawfordville FL 32327*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

*1*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

*Robert Jay Espy  
20 Dani-Rene Dr  
Crawfordville FL 32327*

**ARTICLE VI REGISTERED AGENT**

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

*Robert Jay Espy  
20 Dani-Rene Dr.  
Crawfordville FL 32327*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Robert Jay Espy  
20 Dani-Rene Dr.  
Crawfordville FL 32327*

\*\*\*\*\*

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

*6-1-04*

Signature/Incorporator

Date

*6-1-04*

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