

P04 000100785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300038360843

07/02/04--01019--013 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF REVENUE  
04 JUL -2 PM 3:46

## TRANSMITTAL LETTER

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

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

Tommy Roberts 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: \_\_\_\_\_

Thomas Roberts

Name (Printed or typed)

139 Cherokee DR

Address

Sopchoppy FL 32358

City, State & Zip

850-528-3178

Daytime Telephone number

04 JUL -2 PM 3:46

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:

Tommy Roberts, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

139 Cherokee DR  
Sopchappy, FL 32358

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Framing sub contractor

**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):

N/A

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Thomas Roberts  
139 Cherokee DR.  
Sopchappy, FL 32358

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Thomas Roberts  
139 Cherokee DR  
Sopchappy, FL 32358

\*\*\*\*\*

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

Thomas Roberts  
Signature/Registered Agent

7-1-04  
Date

Thomas Roberts  
Signature/Incorporator

7-1-04  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL -2 PM 3:46