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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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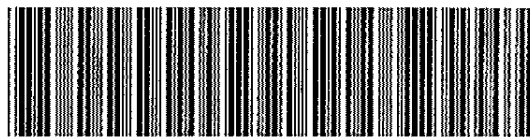
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.J. 12/3

TRANSMITTAL LETTER

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

SUBJECT: William J. Roberts Jr. 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: William J. Roberts Jr.  
Name (Printed or typed)

545 Oak Dr. Th  
Address

Tavares Florida 32778  
City, State & Zip

352 - 308 - 6450  
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: *William J. Roberts Jr. Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *545 Oak Dr. Tavares FL 32778*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Metal Fabrication*

**ARTICLE IV SHARES**

The number of shares of stock is: *1,000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

*William J Roberts Jr.  
545 Oak DR Tavares FL 32778  
President*

**ARTICLE VI REGISTERED AGENT**

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

*William J Roberts Jr.  
545 Oak DR Tavares FL 32778  
President*

**A.**

The name and address of the Incorporator is:

*William J Roberts Jr.  
545 Oak DR Tavares FL 32778  
President*

\*\*\*\*\*  
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

*William J Roberts Jr.*  
\_\_\_\_\_  
Signature/Registered Agent

*11/22/04*  
\_\_\_\_\_  
Date

*William J Roberts Jr.*  
\_\_\_\_\_  
Signature/Incorporator

*11/22/04*  
\_\_\_\_\_  
Date

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