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# TRANSMITTAL LETTER

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Department of State Divisions of Corporation P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT: GLENN J ROBERTS INC

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Filing Fee, Certified Copy, & Certificate of Status \$87.50

FROM: GLENN J ROBERTS

5610 Lake Fox Circle

Winter Haven FL 33884

(863) 287-5720

# **ÄRTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### NAME ARTICLE I

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The name of the corporation shall be: GLENN J ROBERTS INC

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

5610 Lake Fox Circle Winter Haven, FL 33884

### PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

To engage in repairs of residential and commercial dwellings

### ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Glenn J Roberts President 5610 Lake Fox Circle Winter Haven, FL 33884

### ARTICLE VI **REGISTERED AGENT**

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

Glenn J Roberts 5610 Lake Fox Circle Winter Haven, FL 33884

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Glenn J. Roberts 5610 Lake Fox Circle Winter Haven, FL 33884

\*\*\*\*\*\*\* 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

ignature/Incorporator

STATE OF FLORIDA COUNTY OF POLK.

i oribed to before me on thi 2th day of JANUMEY



My Commission Expires Jan 30, 2008

Commission # DD 069292 Bonded By National Notary Asan.

- / -09 Date

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