

P05000063833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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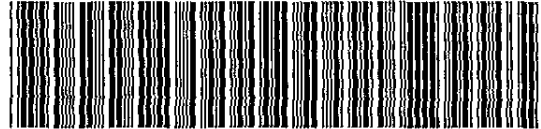
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/04--01098--015 **122.50

FILED
05 MAY -2 AM 7:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. Hampton MAY 03 2005

ROBERT MOODY , INC
1132 NE 84TH STREET
MIAMI, FL., 33138
786-368-7114

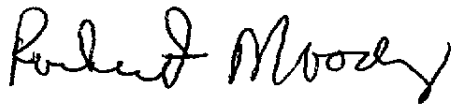
APRIL 8, 2004

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL 32314

REF: APPLICATION FOR CORPORATE CHARTER

PLEASE FIND ENCLOSED TWO COPIES OF THE ARTICLES OF INCORPORATION FOR ROBERT MOODY INC TOGETHER WITH OUR CHECK FOR 122.50.

THANK YOU FOR YOUR ANTICIPATED COOPERATION

A handwritten signature in black ink that reads "Robert J. Moody". The signature is written in a cursive, flowing style.

ROBERT MOODY

TELL BOB INC
8420 BYRON AVENUE
APT # 12
MIAMI BEACH FL 33141
786-317-8168

APRIL 27, 2005

SECRETARY OF STATE
DIVISION OF CORPORATIONS
ATTN: TAMMY HAMPTON
P.O. BOX 6327
TALLAHASSEE FL 32314

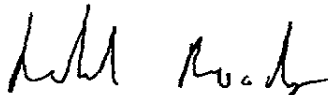
REF: APPLICATION FOR CORPORATE CHARTER

PLEASE FIND ENCLOSED TWO COPIES OF THE ARTICLES OF INCORPORATION FOR TELL BOB INC .

DURING APRIL OF 2004 I APPLIED FOR A CHARTER UNDER THE NAME OF ROBERT MOODY INC. AND IT WAS REJECTED (REFERENCE NUMBER W04000015031) BECAUSE THE NAME WAS ALREADY IN USE. I AM THEREFORE APPLYING FOR A CHARTER UNDER THE NAME OF TELL BOB INC.

THE APPLICABLE FEES IN THE AMOUNT OF 122.50 HAVE BEEN PAID

THANK YOU FOR YOUR ANTICIPATED COOPERATION

A handwritten signature in black ink, appearing to read "R. Moody", is written over the printed name.

ROBERT MOODY



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 19, 2004

ROBERT MOODY
1132 NE 84TH ST
MIAMI, FL 33138

SUBJECT: ROBERT MOODY, INC.
Ref. Number: W04000015031

RECEIVED
05 MAY -2 AM 8:00

We have received your document for ROBERT MOODY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 104A00025753

ARTICLES OF INCORPORATION
OF
TELL BOB, INC

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION EACH A
NATURAL PERSON, COMPETENT TO CONTRACT, HEREBY ASSOCIATE THEMSELVES
TOGETHER TO FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA AND
FURTHER TO AGREE TO THE FOLLOWING CONDITIONS OF SAID CORPORATION.

ARTICLE I : NAME:

THE NAME OF THE CORPORATION IS

TELL BOB , INC

ARTICLE II : PURPOSE

THE CORPORATION IS ORGANIZED FOR THE FOLLOWING PURPOSES: TO
MAINTAIN, OPERATE, A GENERAL CONTRACTING BUSINESS. TO ENGAGE IN ANY
RELATED BUSINESS OR SERVICE THAT IS LEGAL ACCORDING TO THE LAWS OF THE
UNITED STATES OF AMERICA. TO OBTAIN LICENSES FROM THE UNITED STATES OF
AMERICA AND TO ENTER INTO ALL REAL AND PERSONAL PROPERTY WHICH MAY BE
NECESSARY, ADVANTAGEOUS, OR PROPER IN THE CONDUCT OF ITS BUSINESS, AND FOR
THE PURPOSE OF TRANSACTING ANY AND ALL LAWFUL BUSINESS.

ARTICLE III : CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE
AUTHORITY TO ISSUE IS 150 SHARES ALL OF ONE CLASS AND ALL OF THE PAR VALUE OF
FIFTY (\$50.00) DOLLARS PER SHARE.

ARTICLE IV : TERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS DISSOLVED BY ACTION
OF LAW

ARTICLE V INITIAL REGISTERED OFFICE/PRINCIPAL OFFICE AND AGENT

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS 8420
BYRON AVENUE # 12 MIAMI BEACH FL 33141 AND THE NAME OF THE INITIAL REGISTERED
AGENT OF THIS CORPORATION AT THAT ADDRESS IS ROBERT MOODY

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 MAY -2 AM 7:45

FILED

ARTICLE VI DIRECTORS

THIS CORPORATION SHALL NOT HAVE NOT LESS THAN ONE (1) DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED FROM TIME TO TIME AS THE STOCKHOLDER (S) DESIRE, IN ACCORDANCE WITH THE BY-LAWS HEREOF.

ARTICLE VII: INITIAL DIRECTORS

THE NAME AND POST OFFICE ADDRESS OF THE FIRST BOARD OF DIRECTORS OF THIS CORPORATION IS AS FOLLOWS:

NAME	ADDRESS
ROBERT MOODY PRESIDENT	8420 BYRON AVE. #12 MIAMI BEACH FL 33141

ARTICLE VIII: SUBSCRIBERS

THE NAME AND POST OFFICE ADDRESS OF EACH SUBSCRIBER TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

NAME	ADDRESS
ROBERT MOODY PRESIDENT	8420 BYRON AVE #12 MIAMI BEACH FL 33141

ARTICLE IX: INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY OFFICER OR DIRECTOR, OR ANY FORMER OFFICER OR DIRECTOR, TO THE FULL EXTENT PERMITTED BY LAW

ARTICLE X: AMENDMENT

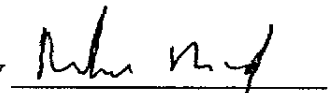
THIS CORPORATION RESERVES THE RIGHT TO AMEND OR REPEAL ANY PROVISIONS CONTAINED IN THESE ARTICLES OF INCORPORATION OR ANY AMENDMENT HERETO, AND ANY RIGHT CONFERRED UPON THE SHAREHOLDERS SUBJECT TO THIS RESERVATION.

SIGNATURE /INCORPORATOR AND REGISTERED AGENT

/S/ ROBERT MOODY  DATE 4/25/05

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE REGISTERED AGENT

S/S ROBERT MOODY  DATE 4/26/05