

PO6000075630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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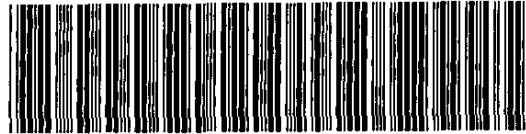
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
06 JUN -1 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
6/2

## COVER LETTER

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

SUBJECT: SIDE JOB BOB, 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: ROBERT M. HATFIELD

Name (Printed or typed)

313 FIFTH ST. NORTH BEACH

Address

ST. AUGUSTINE, FL 32084

City, State & Zip

904.823.1262 OR 904.982.9815

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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

SIDE JOB BOB, INC.

06 JUN -1 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

313 FIFTH ST. NORTH BEACH ST. AUGUSTINE, FL 32084

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HOME REPAIRS, ETC.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

ROBERT M. HATFIELD, PRESIDENT  
313 FIFTH ST. NORTH BEACH  
ST. AUGUSTINE, FL 32084

**ARTICLE VI REGISTERED AGENT**

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

ROBERT M. HATFIELD  
313 FIFTH ST. NORTH BEACH  
ST. AUGUSTINE, FL 32084

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROBERT M. HATFIELD  
313 FIFTH ST. NORTH BEACH  
ST. AUGUSTINE, FL 32084

\*\*\*\*\*

*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*

Robert M Hatfield  
Signature/Registered Agent

5/23/06  
Date

Robert M Hatfield  
Signature/Incorporator

5/23/06  
Date