

PO6000094315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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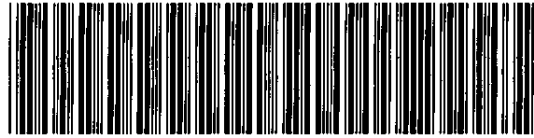
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Da

**COVER LETTER**

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

SUBJECT: Robert Jacobsen 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 Jacobsen  
Name (Printed or typed)

1390 Landry Cr  
Address

Longwood, FL 32750  
City, State & Zip

(407) 325-0761  
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:

Robert Jacobsen Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1390 Landry Cr. Longwood FL, 32750

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

construction

**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):

Robert Jacobsen (President)

~~Robert Jacobsen~~ 1390 Landry Cr  
Longwood FL, 32750

**ARTICLE VI REGISTERED AGENT**

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

Robert Jacobsen  
1390 Landry Cr.  
Longwood FL, 32750


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Jacobsen  
1390 Landry Cr.  
Longwood FL, 32750

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Incorporator

5-26-06  
\_\_\_\_\_  
Date

5-26-06  
\_\_\_\_\_  
Date

FILED  
06 JUL 17 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA