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## **COVER LETTER**

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

SUBJECT:	Robert C. Stok		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		•	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	i a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Robert C. Stol	(Printed or typed)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	550 N. Reo S	t, ste. 300 Address	
	Tampa, FL		065
	City, 813-727	State & Zip - 15 2 3	
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)
The name of the corporation shall be:
The name of the corporation shall be:
ARTICLE I NAME  The name of the corporation shall be:  Robert C. Stokes III, P.A.  ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  550 N. Reo St. 1 Ste. 300
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
Tampa, FL 33609-1065
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide legal services, and for all other lawful purposes
ARTICLE IV SHARES The number of shares of stock is: 10
The number of shares of stock is.
ADMICE BY TATELLE ORBIGING AND OR DEPOSITORS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Robert a stokes III, president
KORCIA CI SIONES THE ' L. T. I
'
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Robert C. Stokes II
550 N. Reo St., Ste. 300, Tampa, FL 33609-1065
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
Robert C. Stokes III
550 N. Leo St., Ste 300, Tampa, FL 33609-1065
*****************

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

Date

Signature/Incorporator

Date