

P10000080663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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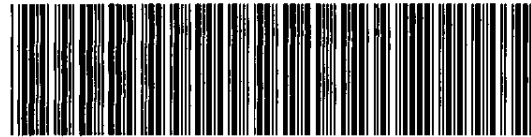
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/10--01035--009 **87.50

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2010 SEP 30 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 05 2010

W10-41991

COVER LETTER

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

SUBJECT: Bob Martin Services, 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 S. Martin III

Name (Printed or typed)

1845 Knight Avenue

Address

Orlando, Fl. 32826

City, State & Zip

407-674-6007

407 227 4182 cell
Daytime Telephone number

bobmartinservices@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Bob Martin Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1845 Knight Avenue

Orlando, FL. 32826

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity or business permitted by law.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares of stock par value of one cent each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert S Martin III Shari L Martin
1845 Knight Avenue 1845 Knight Avenue
Orlando, Fl. 32826 Orlando, Fl. 32826

ARTICLE VI REGISTERED AGENT

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

Shari L Martin
1845 Knight Avenue
Orlando, Fl. 32826

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

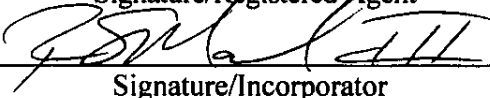
Robert S Martin III
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Orlando, Fl. 32826

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TALLAHASSEE, FLORIDA

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

09/27/2010

Date

09/27/2010

Date