

P12000087378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

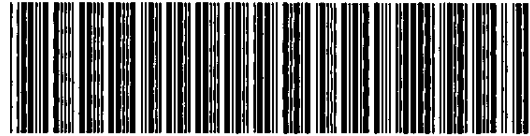
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 OCT 15 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/16/12

COVER LETTER

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

SUBJECT: Robinsons Plumbing, 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 Robinson II
Name (Printed or typed)

2150 NE 44th Street
Address

Ocala, FL 34479
City, State & Zip

352-572-2451
Daytime Telephone number

dirtbikepro40@yahoo.com
E-mail address: (to be used for future annual report notification)

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: Robinsons Plumbing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2150 NE 44th Street
Ocala, FL 34479

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Robinson, II, President
Address: 2150 NE 44th Street
Ocala, FL 34479

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

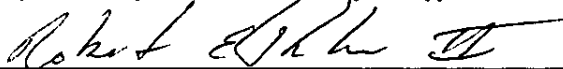
Name: Robert Robinson, II
Address: 2150 NE 44th Street
Ocala, FL 34479

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Robinson, II
Address: 2150 NE 44th Street
Ocala, FL 34479

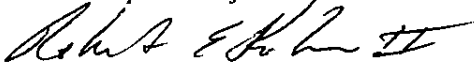
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

x 10/11/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

x 10/11/2012
Date

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12 OCT 15 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA