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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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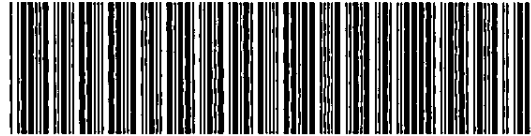
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 15 2013

COVER LETTER

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

SUBJECT: W ROBERTS CONSULTING, 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: WILLIAM C. ROBERTS
Name (Printed or typed)

755 EVANS WAY
Address

THE VILLAGES, FL 32162
City, State & Zip

703-431-4800
Daytime Telephone number

BILLR@INFLONLINE.NET
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: W. ROBERTS CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

755 EVANS WAY
THE VILLAGES, FL 32162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE TECHNICAL COMPUTER
CONSULTING SERVICES TO VARIOUS COMPANIES AND
CORPORATIONS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM C ROBERTS PRESIDENT Name and Title: _____

Address: 755 EVANS WAY Address: _____

THE VILLAGES, FL 32162

Name and Title: MARIANNA L ROBERTS VICE PRESIDENT Name and Title: _____

Address: 755 EVANS WAY Address: _____

THE VILLAGES, FL 32162

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: WILLIAM C. ROBERTS
Address: 755 EVANS WAY
THE VILLAGES, FL 32162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM C. ROBERTS
Address: 755 EVANS WAY
THE VILLAGES, FL 32162

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.

William C. Roberts
Required Signature/Registered Agent

Date

1-10-13

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.

William C. Roberts
Required Signature/Incorporator

Date

1-10-13

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