

P13000009131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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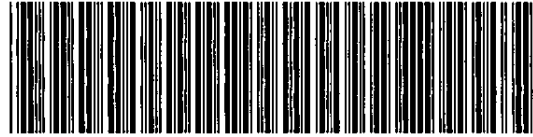
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 25 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: RobbieLee of Florida, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Herbert E. Gould

Name (Printed or typed)

P.O. Box 11823

Address

St.Petersburg, FL 33733

City, State & Zip

(727) 327-5842

Daytime Telephone number

HerbertEGouldEsquire@hotmail.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: **RobbieLee of Florida, Inc.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address
765 14th Avenue North
St. Petersburg, FL 33701

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Buying, selling and managing real property, commercial or residential and all other lawful business enterprise for the purpose of profit.

ARTICLE IV SHARES

The number of shares of stock is: 1000 Authorized issued @ \$1.00 par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John A. LoBianco - President/Treasurer
Address: 765 14th Avenue North
St. Petersburg, FL 33701

Name and Title: Robin LoBianco - Vice President/Secretary
Address: 765 14th Avenue North
St. Petersburg, FL 33701

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: John A. LoBianco
Address: 765 14th Avenue North
St. Petersburg, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Herbert E. Gould, Esquire
Address: P.O. Box 11823
St. Petersburg, FL 33733

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

1/22/13

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

1/22/13

Date