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| (Add | dress) | 125,2025 | | |
| (A) | dress) | | | |
| · (Adi | aress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
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| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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13 FEB IL PH 4: 25 SECRETARY OF STATE TALLAHASSEE PI CARR

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COVER LETTER

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

| SUBJECT: Jorob Consulting In (PROPOSED CORPOR | C. of Fla. | UDE SUFFIX) |
|---|--|---|
| Enclosed are an original and one (1) copy of the a | rticles of incorporation and | d a check for: |
| □ \$70.00 □ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: Robert Parker | | |
| 6109 Balboa Circ | ne (Printed or typed) | |

Boca Raton, Florida 33433

914-388-1186

srobertp@bellsouth.net

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

Address

City, State & Zip

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 corporat | ion shall be: Jorob Consulting | nc of Fla | | | |
|--------------------------|---------------------------------------|----------------|-----------------------------------|--|--|
| ARTICLE II PRII | | | Mailing address, if different is: | | |
| Boca Raton, F | Florida 33433C | | | | |
| ARTICLE III PURI | POSE ne corporation is organized is: | ing compa | any | | |
| | | | SEC 13 | | |
| | | | TEB F | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | Robert Parker Pres & Treas | Name and Title | Joann Parker Vice Pres &Sec'y | | |
| Address | 6109 Balboa Circle #304 | Address: | 6109 Balboa Circle #304 | | |
| : | Boca Raton, Fl. 33433 | | Boca Raton, Fl. 33433 | | |
| Name and Title: | | Name and Title | : | | |
| Address | | Address: | | | |
| | | | | | |
| Name and Title: | | Name and Title | | | |
| Address | | Address: | | | |
| | | | | | |

| Name and | l Title: | Name and Title: | |
|--|---|---|--|
| Address | | Address: | |
| | | | |
| ARTICLE VI The name and FI | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o | f the registered agent is: | |
| Name: | Robert Parker | - | |
| Address: | 6109 Balboa Circle #304 | _ | TASE 13 |
| | Boca Raron, Fl. 33433 | | FEB F |
| ARTICLE VII | INCORPORATOR dress of the Incorporator is: | | FILED FEB IL PH 4: CRETARY OF ST LLAHASSEE, FI |
| Name: | Robert Parker | | 25 |
| Address: | 6109 Balboa Circle #304 | - | J |
| | Baca Raton, Fl. 33433 | | |
| | ned as registered agent to accept service of process am familiar with and accept the appointment as ref | | |
| | Required Signature/Registered Agent | | Date |
| I submit this doc document to the I | ument and affirm that the facts stated herein are Department of State constitutes a third degree felon | true. I am aware that the j y as provided for in s.817.1 | false information submitted in a 55, F.S. |
| | of take | | February 10,2013 |
| | Required Signature/Incorporator | | Date |