

PI4000062263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

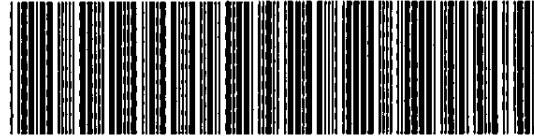
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300262417673

07/23/14--01006--004 **87.50

FILED
14 JUL 23 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 7/24

COVER LETTER

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

SUBJECT: **LIAM ROBERT, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Roberto Leoncio Rodriguez**

Name (Printed or typed)

8323 NW 188 Terrace

Address

Hialeah, FL 33015

City, State & Zip

305-993-8667

Daytime Telephone number

rywoodworking@gmail.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: LIAM ROBERT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8323 NW 188 Terrace
Hialeah, FL 33015

Mailing address, if different from principal address:

FILED
14 JUL 23 PM 4:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do business in the State of Florida as a
handiman, residential manteinance, carpentry, cabinets installations and homes repairs.

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto Leoncio Rodriguez (President)

Name and Title: _____

Address 8323 NW 188 Terrace

Address: _____

Hialeah, FL 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Roberto Leoncio Rodriguez
Address: 8323 NW 188 Terrace
Hialeah, FL 33015

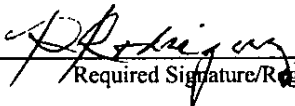
FILED
14 JUL 23 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Roberto Leoncio Rodriguez
Address: 8323 NW 188 Terrace
Hialeah, FL 33015

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

07/20/2014
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

07/21/2014
Date