(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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09/22/14--01018--004 **70.00

SEP 5. 3 JULY. S. GILBERT

COVER LETTER

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

SUBJECT: Ste	ohen Roberts Co	orp.	
Sebaber		ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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
		ADDITIONAL CO	
FROM: S	tephen Roberts	e (Printed or typed)	
16	339 Cortez Road		
		Address	
Ja	acksonville Fl. 3		
	•	State & Zip	
90	04- 418-3810		
	Daytime 1	elephone number	
	SC1017 6 4	ahoo Com.	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)

RTICLE I NA e name of the corpor	ME ation shall be: Stephen Roberts (Corp.	
RTICLE II PR	INCIPAL OFFICE Principal street address ad Jacksonville Fl. 32246		4 SEP 22 PM 2: 18 address, if different is: LLAHASSEE. FLORID.
RTICLE III PUI e purpose for which	RPOSE the corporation is organized is:	sional Corporat	tion
	f stock is: TIAL OFFICERS AND/OR DIRECTOR	<u></u>	
e number of shares o	f stock is:	_	
e number of shares o	f stock is: TIAL OFFICERS AND/OR DIRECTOR	_	
e number of shares o ETICLE V INI Name and Tit Address	f stock is: TIAL OFFICERS AND/OR DIRECTOR le: Stephen Roberts	Name and Title:	
e number of shares o ETICLE V INI Name and Tit Address	f stock is: TIAL OFFICERS AND/OR DIRECTOR le: Stephen Roberts 1639 Cortez Road Jacksonville Fl. 32246	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title	f stock is: TIAL OFFICERS AND/OR DIRECTOR le: Stephen Roberts 1639 Cortez Road Jacksonville Fl. 32246	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title Address	f stock is: TITIAL OFFICERS AND/OR DIRECTOR le: Stephen Roberts 1639 Cortez Road Jacksonville Fl. 32246	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title Address	f stock is: TITIAL OFFICERS AND/OR DIRECTOR le: Stephen Roberts 1639 Cortez Road Jacksonville Fl. 32246	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:
	Stephen Roberts	the registered agent is.
Name: Address:	1639 Cortez Road Jacksonville Fl. 32246	
ARTICLE VII	INCORPORATOR Iress of the Incorporator is:	
Name:	Same	
Address:	Stephen Roberts	
	ed as registered agent to accept service of process j n familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	Stouken Robert	9/18/14
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	Stophen Required Signature/Incorporator	9/18/14 Date
	V	