

P15000070302

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AUG 26 2015

T. SCOTT



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2015

ROBERT WILBERT  
2771-29 MONUMENT ROAD #234  
JACKSONVILLE, FL 32225

SUBJECT: ROBERT WILBERT, P.A.  
Ref. Number: W15000051744

We have received your document for ROBERT WILBERT, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 815A00016064

## COVER LETTER

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

**SUBJECT:** ROBERT WILBERT, P.A.

(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:** ROBERT WILBERT

Name (Printed or typed)

2771-29 MONUMENT ROAD #234

Address

JACKSONVILLE, FL 32225

City, State & Zip

904-999-1574

Daytime Telephone number

BOBBYW24@YAHOO.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: ROBERT WILBERT, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
333 E. MONROE STREET  
JACKSONVILLE, FL 32225

Mailing address, if different is:

2771-29 MONUMENT RD. #234  
JACKSONVILLE, FL 32225

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LAW FIRM

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT WILBERT, PRESIDENT

Name and Title: \_\_\_\_\_

Address 2771-29 MONUMENT ROAD

Address: \_\_\_\_\_

STE 234

JACKSONVILLE, FL 32225

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

15 AUG 19 AM 9:11

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: ROBERT WILBERT \_\_\_\_\_

Address: 12112 WOODSAGE COURT \_\_\_\_\_

JACKSONVILLE, FL 32225 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ROBERT WILBERT \_\_\_\_\_

Address: 2771-29 MONUMENT RD. #234 \_\_\_\_\_

JACKSONVILLE, FL 32225 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08/17/2015

\_\_\_\_\_  
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

08/17/2015

\_\_\_\_\_  
Date