

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED

16 MAY 13 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
BOBBIE'S SUPPORT SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MAY 16 2016

S. GILBERT

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:BOBBIE'S Support SERVICES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

861 NW RIVERSIDE Dr.
PORT ST. LUCIE FL 34983**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**BOBBIE THOMAS - PRESIDENT

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

BOBBIE THOMAS
801 NW Riverside Dr
PORT ST LUCIE FL 34983**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:BOBBIE THOMAS
861 NW Riverside Dr
Port St LUCIE FL 34983

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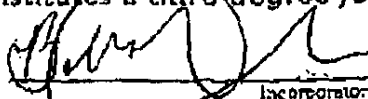
11/30/2033 02:20

Required Signatures:

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


Registered Agent5-12-16
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.


Incorporator5-12-2016
Date

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