

P16000050824

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(Business Entity Name)

(Document Number)

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16 JUN 10 PM 12:03  
TALLAHASSEE, FLORIDA  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Robert G Lewis 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: Robert G Lewis  
Name (Printed or typed)

10342 SR 71  
Address

WENAHITCHKA Florida 32465  
City, State & Zip

(419) 606-3793  
Daytime Telephone number

TREBOR70094@aol.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)

NOT RECORDED  
AND  
FILED

16 JUN 10 PM 12:12

ARTICLE I NAME

The name of the corporation shall be: Robert C. Lewis INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

10342 Newahitchka FL 32465  
SR71

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Painting & Construction

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Address: Robert C. Lewis Address: \_\_\_\_\_

10342 Newahitchka 32465 FL  
SR71

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

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

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

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

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 C. Lewis

Address: 10342 Wawahatchka FL 32465  
SR 71

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUN 10 PM 12:12

APPROVED  
AND  
FILED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert C. Lewis

Address: 10342 Wawahatchka FL 32465  
SR 71

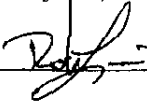
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6-10-2016 (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

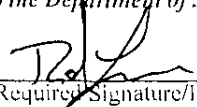


Required Signature/Registered Agent

6-10-2016

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

6-10-2016

Date