

P16000072713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

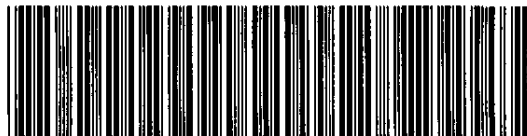
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300289546803

08/29/16--01058--006 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 29 AM 10:14

09/07/16

COVER LETTER

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

SUBJECT: Tim Roberts 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
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: TIMOTHY Roberts
Name (Printed or typed)

10618 Warlow Creek St.
Address

ORLANDO, FL 32832
City, State & Zip

(214) 563-0722
Daytime Telephone number

broncobrad2001@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 29 AM 10:14

ARTICLE I NAME

The name of the corporation shall be: Tim Roberts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10618 Warlow Creek St.
ORLANDO, FL 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To perform audio/video install
services for consumers

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Roberts DIRECTOR / PRESIDENT
Name and Title: _____

Address: 10618 Warlow
Creek St.
ORLANDO, FL 32832
Address: _____

Name and Title: Megan H. Roberts DIRECTOR / TREASURER
Name and Title: _____

Address: 10618 Warlow Creek
St.
ORLANDO, FL 32832
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: TIMOTHY Roberts
Address: 10618 Warlow Creek St.
ORLANDO, FL 32832

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 29 AM 10: 14

ARTICLE VII INCORPORATOR

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

Name: BRAD NIX
Address: 1614 N. Valley Pkwy
LEWISVILLE, TX 75077

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

Tim Roberts
Required Signature/Registered Agent

8/25/16
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.

[Signature]
Required Signature/Incorporator

8/25/16
Date