

120000098623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

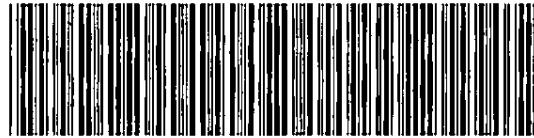
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DEC 28 2020

T. SCOTT



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12/17/20--01025--004 **70.00

FILED

2020 DEC 17 PM 2:40

CLERK OF COURT
JANUARY 14, 2021

TS

COVER LETTER

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

SUBJECT: Roberts Built Homes of Florida 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Thomas M. Dryden, P.L.
Name (Printed or typed)

1705 Colonial Blvd., Suite B-3
Address

Fort Myers, FL 33907
City, State & Zip

239-337-2001
Daytime Telephone number

lewrobertsii@gmail.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:

Roberts Built Homes of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10657 Essex Square Blvd

Fort Myers, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction company

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Todd M. Roberts/President

Name and Title: Lewis J. Roberts-Secretary/Treasurer

Address: 10657 Essex Square Blvd.

Address: 10657 Essex Square Blvd.

Fort Myers, FL 33913

Fort Myers, FL 33913

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Lewis J. Roberts

Address: 10657 Essex Square Blvd.

Fort Myers, FL 33913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lewis J. Roberts

Address: 10657 Essex Square Blvd.

Fort Myers, FL 33913

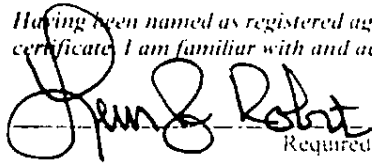
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

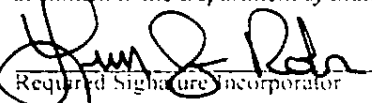
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

X 
Required Signature Registered Agent

12/15/2020
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.

X 
Required Signature Incorporator

12/15/2020
Date