

P96000 103900

TRANSMITTAL LETTER

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

900002031039--8
-12/17/96--01106--008
***122.50 ***122.50

SUBJECT: Attorneys Roberts & Robold, P.A.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$122.50.

FROM: Name Attorneys Roberts & Robold, P.A.
Address 25 South Magnolia Ave.
City, State & Zip Orlando, Florida 32801
Telephone (407) 426-6999

FILED
96 DEC 27 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/30

Note: Please provide the original and one copy of the Articles.

Spec for Reading



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 18, 1996

ATTORNEYS ROBERTS & ROBOLD, P.A.
25 SOUTH MAGNOLIA AVENUE
ORLANDO, FL 32801

SUBJECT: ATTORNEYS ROBERTS & ROBOLD, P.A.
Ref. Number: W96000026526

We have received your document for ATTORNEYS ROBERTS & ROBOLD, P.A. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

① PLEASE CHANGE THE HEADING OF YOUR DOCUMENT (PAGE 1) TO STATE THAT YOU ARE "FORMING A CORPORATION UNDER THE PROFESSIONAL SERVICE CORPORATION ACT" OR CHAPTER 621 " NOT THE FLORIDA BUSINESS CORPORATION ACT.

② The specific nature of business of the professional association must be stated in the document.

Please return 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 (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 896A00056318

TRANSMITTAL LETTER

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

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FROM: Name Attorneys Roberts & Robold, P.A..

 Address 25 South Magnolia Ave.

 City, State & Zip Orlando, Florida 32801

 Telephone (407) 426-6999

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

OF

Attorneys Roberts & Robold, P.A..

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Professional Service Corporation Act or Chapter 621, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Attorneys Roberts & Robold, P.A..

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

25 South Magnolia Avenue
Orlando, Florida 32801

ARTICLE III NATURE OF BUSINESS

The general nature of the business shall be the operation of a law firm providing professional legal advice and services.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Lawrence Robold
25 South Magnolia Avenue
Orlando, Florida 32801

ARTICLE VI INCORPORATOR(S)

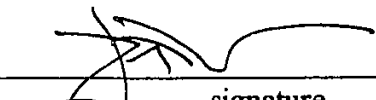
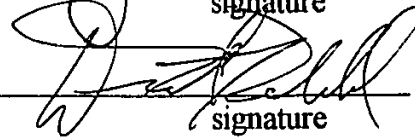
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

David Thurman Roberts
2010 East Central Ave.
Orlando, Florida 32803

David Lawrence Robold
2010 East Central Ave.
Orlando, Florida 32803

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

this 23d day of December, 1996.


signature

signature

signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersign corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Attorneys Roberts & Robold, P.A.

2. The name and address of the registered agent and office is:

David Lawrence Robold
(NAME)

2010 East Central Blvd.
(P.O. BOX NOT ACCEPTABLE)

Orlando, Florida 32803
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 12-23-96

REGISTERED AGENT FILING FEE: \$35.00