

# P97000015782

TRANSMITTAL LETTER

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

700002086927--8  
-02/17/97--01027--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Robert M. Kane, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Robert M. Kane  
Name (Printed or typed)

349 Pelican Way  
Address

Delray Beach, FL. #33483  
City, State & Zip

561-276-6340 or 561-274-8055  
Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

*Handwritten:* 2-19-97

## **ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### **ARTICLE I    NAME**

The name of the corporation shall be:

Robert M. Kane, Inc.

### **ARTICLE II    PRINCIPAL OFFICE**

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

349 Pelican Way  
Delray Beach, FL. #33483

### **ARTICLE III    SHARES**

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

100 (one hundred shares)

### **ARTICLE IV    INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Robert M. Kane  
349 Pelican Way  
Delray Beach, FL. #33483

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

Robert M. Kane, 349 Pelican Way, Delray Beach, FL. #33483

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

30 day of December, 19 96.

(An additional article must be added if an effective date is requested.)



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: Robert M. Kane, Inc.
2. The name and address of the registered agent and office is:

Robert M. Kane  
(NAME)

349 Pelican Way  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Delray Beach, FL. #33483  
(CITY/STATE/ZIP)

*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 the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

12-30-96  
(DATE)