P98000032199

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

500002479375---5 -04/06/98--01023--020 ****122.50 ****122.50

SUBJECT:	Robert Butler Ent	erprises, Inc.	**************************************
		of incorporation and a check for:	98 APR -6 AM 8: 36
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	Filing Fee Filing Fee, & Certified Copy & Certificate ADDITIONAL COPY REQUIRED	: 36
FROM:	Robert Butler	inted or typed)	
	PO Box 1176	-	
	Adeland, FL	ddress = = = = = = = = = = = = = = = = = =	
	City, S (941)644-4792	State & Zip	
_	Daytime Te	elephone number	

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Robert Butler Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5929 SR 542 W

PO Box 1176

Winter Haven, FL 33880

Lakeland, FL 33802

98 APR -6 AM 8: 36
SECRETARY OF STANDA

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert Butler 3218 Bonny Brook Dr S

Lakeland, FL 33813 ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert Butler 3218 Bonny Brook Dr S Labeland, FL 33813

Signature/Incorporator

4/1/98

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

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/Registered Agent

4///Date