P98000053957

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 15 AM 8:30

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

100002559731--0
-06/15/98--01072--003
****122.50 ****122.50

SUBJECT: BOB LAWRENCE ASSOCIATES 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 LAWRENCE
Name (Printed or typed)

710 NORTH OCEAN BLVD APT 507
Address

POMPANO BEACH FLORIDA 33062-4603
City, State & Zip

(954) 785-2954
Daytime Telephone number

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

D. BROWN JUN 17 1998

ARTICLES OF INCORPORATION

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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:

BOB LAWRENCE ASSOCIATES INC

ARTICLE II PRINCIPAL OFFICE

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

710 NORTH OCEAN BLVD APT 507
POMPANO BEACH FLORIDA 33062-4603

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 address of the initial registered agent is:

MARK C SIEGEL
2330 UNIVERSITY DRIVE
CORAL SPRINGS FLORIDA 33065

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 LAWRENCE
710 NORTH OCEAN BLVD APT 507
POMPANO BEACH FLORIDA 33062-4603

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

4 day of JUNE, 1998.

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

Robert Lawrence
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.

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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 BOB LAWRENCE ASSOCIATES INC

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

MARK C SIEGEL
(NAME)

2330 UNIVERSITY DRIVE
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CORAL SPRINGS FLORIDA 33065
(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.

Mark Siegel
(SIGNATURE)

6-4-98
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314