

TRANSMITTAL LETTER

P98000063020

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

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-07/15/98--D1066--016
*****78.75 *****78.75

SUBJECT: Robert Young & 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 Lloyd Young
Name (Printed or typed)

2019 N.E. 20TH AVE
Address

FORT LAUDERDALE, FL 33305
City, State & Zip

954-565-5774
Daytime Telephone number

FILED
98 JUL 15 AM 9:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

7-1798
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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 Young & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2019 N.E. 20th Ave.
Fort Lauderdale, FL 33305

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert Lloyd Young
2019 N.E. 20th Ave.
Fort Lauderdale, FL 33305

ARTICLE V INCORPORATOR

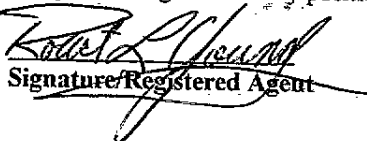
The name and address of the incorporator to these Articles of Incorporation are:

Robert Lloyd Young
2019 N.E. 20th Ave.
Fort Lauderdale, FL 33305


Signature/Incorporator

7-6-98
Date

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

7-6-98
Date

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TALLAHASSEE, FLORIDA

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