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TRANSMITTAL LETTER

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

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-01/27/99--01034--010
*****78.75 *****78.75

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :
[✓] \$78.75 Filing Fee & Certificate

FROM: Robert E. Weston

Address: 4136 Grove Park Lane

City, State & Zip: Lantana, Florida 33462

Daytime Telephone number: 561-968-5890

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

FILED
99 JAN 27 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 29 1999
2

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 E. Weston, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

**4136 Grove Park Lane
Lantana, Florida 33462**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **1,000**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Robert E. Weston
4136 Grove Park Lane
Lantana, Florida 33462**

ARTICLE V INCORPORATOR

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

**Robert E. Weston
4136 Grove Park Lane
Lantana, Florida 33462**


Signature/Incorporator

1-19-99
Date

(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

1-19-99
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA