

999000023841

TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 10 AM 8:49

FILED

SUBJECT:

Beth Roberts, Inc.

(Proposed corporate name - must include suffix)

200002800812--4

-03/10/99--01066--009

122.50 **78.75

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:

Beth Roberts

Name (Printed or typed)

2824 W. Orchard Circle

Address

Davie, Florida 33328

City, State & Zip

(954) 236-3404

Daytime Telephone number

SHARON

MAR 16 1999

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

**ARTICLES
OF
INCORPORATION**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name of the Corporation shall be BETH ROBERTS, INC.

ARTICLE II

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

2824 W. Orchard Circle
Davie, Florida 33328

ARTICLE III

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

One Hundred (100)

ARTICLE IV

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

Beth Roberts
2824 W. Orchard Circle
Davie, Florida 33328

ARTICLE V

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

Beth Roberts
2824 W. Orchard Circle
Davie, Florida 33328

ARTICLE VI

The effective date of this corporation shall be April 1, 1999.

Beth Roberts
Beth Roberts, Incorporator

3-8-99
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.

Beth Roberts
Beth Roberts, Registered Agent

3-8-99
Date

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TALLAHASSEE, FLORIDA