# PAROSTALIERS 353

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

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SUBJECT:	obertson Mas. (Proposed corpo	opにソ エルC. rate name - must include su	ıffix)	<b>_</b> .
		91	000029625 -08/18/9901 *****78.75	509 002011 *****78.75
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Steve Rober	inted or typed)	and the second s	***
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	850 570 779	<u>-                                      </u>	SEGNE.	JUV 66
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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.

<u>AR</u>	<u>TICL</u>	E I	<u>NAME</u>
The	name	of the	cornoration

orporation shall be:

Robertson MasonRY, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3221 Shimmy Ln Tal, F1 32308



### ARTICLE III SHARES

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

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Steve Robertson 3221 Shimmy LV Tal, Fl

### ARTICLE V **INCORPORATOR**

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

Kobertson

Signature/Incorporator

(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

Date