

P99000093824

**TRANSMITTAL LETTER**

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

000003022690--6  
-10/22/99--01091--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** DAVID ROBERTS ENTERPRISE 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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** DAVID ROBERTS  
Name (Printed or typed)  
5752 MARKEL ST  
Address  
PALM CITY FL 34990  
City, State & Zip  
561-286-9040  
Daytime Telephone number

99 OCT 22 PM 4: 00  
TALLAHASSEE, FLORIDA

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

ajc 10/25

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:  
DAVID ROBERTS ENTERPRISE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
5752 MARKEL ST  
PALM CITY FL 34990

ARTICLE III SHARES

The NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:  
FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  
THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:

DAVID ROBERTS  
5752 MARKEL ST  
PALM CITY FL 34990

ARTICLE V INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

DAVID ROBERTS  
5752 MARKEL ST  
PALM CITY FL 34990

*David Roberts*

SIGNATURE /INCORPORATOR

10-19-99

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 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.

99 OCT 22 PM 4:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*David Roberts*

SIGNATURE/REGISTERED AGENT

*10-19-99*

DATE

99 OCT 22 PM 4:00  
TALLAHASSEE, FLORIDA