

F02000003041

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robin Dee Enterprises, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authority to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register **500005766575--9**
to transact business in Florida. **-06/14/02--01009--001**
*******87.50 *****87.50**

Please return all correspondence concerning this matter to the following.

Robin Ward

(Name of Person)

Robin Dee Ent. Inc.

(Firm/Company)

1823 S. Pine St., P.O. Box 360, Centralia, IL 62801

(Address)

Centralia, IL 62801

(City/State and Zip code)

For further information concerning this matter, please call:

Robin Ward

(Name of Person)

at (618) 532-3745

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Name Availability	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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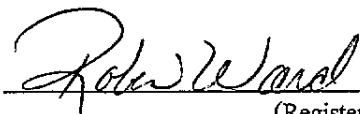
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Robin Dee Enterprises, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. IL 3. 37-1286616
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/06/91 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1823 S. Pine, Centralia, IL 62801
(Principal office address)
P.O. Box 360, Centralia, IL 62801
(Current mailing address)
8. buried utility contractor
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Robin Ward
Office Address: 3000 S. ALA, ORA #182
Melborne Beach, Florida 32951
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

There are no directors.

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robin Ward

Address: 1861 St Rt 161, Centralia, IL 62801

There are no other officers

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robin Ward - Pres
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robin Ward
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ROBIN DEE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE NOVEMBER 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

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SECRETARY OF STATE
JESSE WHITE
CHIEF OF BUREAU
MALLAHASSE, FLORIDA



In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of MAY **A.D.** 2002

Jesse White

SECRETARY OF STATE