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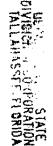
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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### **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJ	ECT:	Robinson	Electric, I ration - must include suff	nc
		(Name of corpo	ration - must include suff	īx)
Dear S	Sir or Madam:			
"Certi				nsact Business in Florida," erenced foreign corporation to
Please	return all corres	pondence concerning this ma	atter to the following:	
		. Bob Rol	21 n 5 n u	=
	<del></del>	(Nam	ne of Person)	
		Robinson.	Electric,	Inc. Af Si
		(Firm	/Company)	28
		2314 N.	12th Ave.	
		(A	Address)	FL0
		Paraanul	d, AR 7245	50 器 🛱 💆
	· · · · · · · · · · · · · · · · · · ·	(ety/st	ate and Zip code)	
For fur	rther information  abch Ro  (Name of Pers	concerning this matter, please on at (8)	a a	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for	the following amount:		
<b>□ \$</b> 70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

#### 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. Kohinson Electric, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Arkansas 3. 71-0815859 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Paragould. (Principal office address) (Current mailing address) 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 NOT acceptable) Name: ) N. E. 6# Ave. Office Address: 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.

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.

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
·	
Address:	
Director:	
Address:	Ac. o
	05 SEP
B. OFFICERS	P 2
President: Bob Robinson	SET OB THE
Address: 2314 N. 12 Ave.	F. 39
Address: 2314 N. 12 Ave. Paragould, AR 72450	9:4
Vice President: Bob Robinson	
Address: 2314 N. 12 # Avc.	
Paragould, AR 12450	
Secretary: Bob Robinson	
Address: 2314 N. 12 H Ave. Paracould AR 72450	
Address: 2314 N. 12 Ave. Paragould, AR 72450  Treasurer: Bob Robinson  Address: 2314 N. 12 Ave. Paragould, AR 72450	
Address: 2314 N. 12# Ave. Paragould, AR 12450	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
13. Bor Rovi	
(Signature of Director or Officer listed in number 12 of the application)	
14. Bob Kobinson, President  (Typed or printed name and capacity of person signing application)	



# **Arkansas Secretary of State Charlie Daniels**

State Capitol Building + Little Rock, Arkansas 72201-1094 + 501.682.3409

### CERTIFICATE OF EXISTENCE

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

## ROBINSON ELECTRIC, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed a Articles of Incorporation in this office June 10, 1998.

Our records reflect said entity has paid all fees, taxes and penalties owed to this State, as required to be collected by this office, and has delivered its most current annual franchise tax report to this office.

I certify this entity has not filed articles of dissolution with this office.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 27th day of September 2005.

Charlie Daniels Secretary of State

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