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

9 JUN -5 PH 1:5

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: KOBINISON - A	KRAMER, LNC ration - must include suffix)
(Name of corpo	ration - must include surfix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this m	atter to the following:
GLORIA J.	GALLAGHER
ROBINSON-KR	
14325 WILLARD	n/Company)
CHANITILLY	Address)
	1 VA 20151° ate and Zip code)
(Chyrol	
For further information concerning this matter, plea	se call:
GLORIA J. GALLAGHER -	103, 968-9300
(Name of Person) (A	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations\	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	rananasee, i E 52514
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2009

GLORIA J. GALLAGHER ROBINSON - KRAMER INC 14325 WILLARD RD. CHANTILLY, VA 20151

SUBJECT: ROBINSON - KRAMER, INC

Ref. Number: W09000023306

We have received your document for ROBINSON - KRAMER, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 709A00016807

5/29/09 June



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Having been nam	application, I hereby accept the appointno omply with the provisions of all statutes r	ice of process for the above stated corporation at the p ment as registered agent and agree to act in this capac relative to the proper and complete performance of my sition as registered agent.	ity. I	
	Plantation (City)	, Florida 33324	1:51	Į.
Office Address:	1200 South Pine Island Road	SEE. 5	·5 PH	
Name and <u>street</u>Name:	et address of Florida registered agent: (P.C C T Corporation System	O. Box NOT acceptable)	- NUL	·
	(Current mailing add	DMINISTRATION ountry to be carried out in state of Florida)	00	
7.17393	(Principal office add	ITE 203, CHANTILLY, Garass)	15/	
6	(SEE SECTIONS 607 1501 & 607 1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	1/1	
•	e of incorporation) 5.	(Duration: Year corp. will cease to exist or "perpetual")	•	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
2. VIRGI	N/A 3.	e adopted for the purpose of transacting business in Florida) 52-0942054		
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,"		
1. 10B)	NSON - KRAMER,	INCORPORates		

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director;
Address:
B. OFFICERS President: William C. ROBINSON Address: 14335 Willard Rd, Suite 203 CHANTILLY, VA 20151
Vice President:
Address:
Secretary: JEAN. C. ROBINSON Address: 14325 WILLARD Rd, SLITE ZUZ. CHANTILLY WH 2015
Treasurer: MARK A. NOVITSWY
Address: 14325 WillARD Rd, SUITE 203, CHANTILLY, VA 2015
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. WILLAM C. RUBINSUN PRESIDENT (Typed or printed name and capacity of person signing application)

Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

ROBINSON-KRAMER, INCORPORATED is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is April 15, 1992.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: June 1, 2009

Joel H. Peck, Clerk of the Commission