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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: C ROBINSON ASSOCIATES, INC.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: SAMES BROWN Name of Person
J.D. BROWN, P.C.
J. D. BROWN, P. C. Firm/Company Address Address
SMYRN A CA 30080 City/State and Zip code
City/State and Zip code Solution City/State and Zip code F-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES D BROWN at (770) 432-4206 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\square \text{\$78.75 Filing Fee & } \square \text{\$78.75 Filing Fee & } \square \text{\$87.50 Filing Fee, } \\ \text{Certificate of Status} \text{Certified Copy} \text{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. C ROBINSON ASSOCIATES TNC.

(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) 4. FeBruard 3, 2004

(Date of incorporation)

5. PERDETUAL

(Duration: Year corp. will cease to exist or "perpetual") NONE (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability) RIVER PLACE BIVD, UNIT 1810, Jacksonville, FL (Principal office address) 32207 RIVER Place BIVD, UNIT 1810, Jacksonville, FL (Current mailing address) 3 2207 (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: RIVER PLACE BIVD, UNIT 1810 Office Address: Jacksonville Florida 32207 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:	Andrew Comments
A. DIRECTORS	40 ADD C DM 2:26
Chairman: Conchita Robinson	10 APR -6 PM 3: 36
Address: 1431 RIVER PLACE Blvb, UNIT 1810	SECRETARY OF STATE TALLAHASSEE, FLORIDA
JACKSONVILL FL 32207	
Vice Chairman;	
Address:	
Director:	
Address:	
duress.	
irector:	
ddress:	
resident: CONCLIFA ROBINSON, ddress: 1431 RIVER PLACE (SIVD, UNIT 18) JACKSONVIlle, FL 32207	/o '
ice President:	
ddress:	
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cretary: CONCHITA ROBINSON	
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exerctary: Conchita Robinson didress: 1431 RIVER PACE SIVD, Unit 1810, JACKS easurer: CONCHITA ROBINSON didress: 1431 RIVER PACE SIVD, Unit 1810, JACKS OTE: If necessary, you may attach an addendum to the application listing additional conchita.	KsoNVILLE, FL 32207 KsoNVILLE, FL 32207 al officers and/or directors.
easurer: CONCLITA ROBINSON Iddress: 1431 RIVER PACE SIVD, UNIT 1810, JACKS easurer: CONCLITA ROBINSON Iddress: 1431 RIVER PACE SIVD, UNIT 1810, JACKS OTE: If necessary, you may attach an addendum to the application listing additional	Rowville, FL 32207 Roovville, FL 32207 al officers and/or directors.

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Control No. 0407912

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE



I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

C ROBINSON ASSOCIATES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 02/03/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 3rd day of April, 2010

B: P.W

Brian P. Kemp Secretary of State

Certification Number: 5730382-1 Reference: 10.00

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp