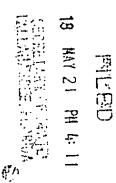
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					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



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O SIMMONS MAY 2.3 2018

COVER LETTER

	FO: Registration Section Division of Corporations					
SUBJE	ect: Ro	BBINS COMMER	CIAL REAL ES	STATE INC.		
	·	Name of corporat	ion - must include suffix			
Dear Si	r or Madam:					
"Certific	cate of Exister	ation by Foreign Corporation nee," or "Certificate of Good S ign corporation to transact bus	Standing" and check are su			
Please r	eturn all corre	spondence concerning this ma	atter to the following:			
c	STEPH	ENA. ROBBIN	S			
			of Person	· •		
ROF	3BINS	COMMERCIALR	EAL ESTATE	INC.		
			Company			
90	5 30RI	RELL HILL DRIVE	- -			
		Ac	ldress			
W	LUERN	1,7A 19355				
		City/Stat	e and Zip code			
Sr	obbins	@robbanscre	(om			
		© roblans cre E-mail address: (to be use	ed for future annual report	notification)		
		on concerning this matter, pleas				
		•				
STEPHEN A. RUBBINSON (484) 949-1283						
Name of Person Area Code			Code Daytime Tele	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations			Registration ! Division of C	MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314						
	Tallahassee, I		rananassee,	16 32314		
Enclose	d is a check fo	or the following amount:				
\$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.

1. ROBBI	N'S COMMERCIAL REAL	ESTATE INC.	
	orporation; must include "INCORPORATED,"	COMPANY," "CORPORATIO	N,"
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
	IS CRE, INC.		
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)
2. PENNSY	LUANIA 3.	27-0749359 (FEI number, if a	
(State or country	under the law of which it is incorporated)	(FEI number, if a	pplicable)
4 8-11-2	5	(Date of duration, if other	
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
6.			
U	(Date first transacted business in F	logida if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150)		lity) 🚓
0XC C=			1 G(1) C L.
7.405 50	RRELL HILL DRIVE,		14303 -3
	(Principal	office address)	
	(Current mailing	address, if different)	West to
	,		T
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	John Farina		N.V.
	3300 PGA Blvd., Ste. 600		भें 🗷
Office Address:		<u>. </u>	
	Palm Beach Gardens	. Florida 33410	
	(City)	(Zip code)	

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: STEPHEN A. ROBBINS 905 SORRELL HILL DRIVE Vice Chairman: JCELLY SORRELL HILL DRIVE MALVERNIA 19355 Address: ____ Director: __ **B. OFFICERS** President STEPHEN A- ROBBINS Address: 905 SORRELL HILL DRIVE MALVERN Vice President: _ KELLY A. ROBBINS HILL DRIVE Address: 905 SORRELL MALVERN, PA 19355 Secretary: __ Treasurer: ____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. STEPHENA. ROMBINS, PRESIDENT

(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/15/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Robbins Commercial Real Estate, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180515162040-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify