Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

900003109919

SUBJECT: ROBLES ENTERPRISES, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

& Certified Copy

Filing Fee

\$87.50

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Robert Lyons Name (Printed or typed) 9403 N.Armenia Ave Address Tampa, Florida 33612 City, State & Zip <u>1-813-453-1956</u> Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES. OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ROBLES ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1435 Windjammer Dr. Valrico,Florida 33594

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50 shares of common stock @ \$10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert Lyons 9403 N.Armenia Ave. Tampa,Florida 33612

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Rafael Robels 1435 Windjammer Dr. Valrico, Florida 33594

Signature/Incorporator

11-10-99

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

11-10-99

Date