

TRANSMITTAL LETTER

*P00000047007*

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

9000003242469--0

-05/08/00--01079--020

\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:

*D. Robison, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

*Tom Martin*

Name (Printed or typed)

*6165 Crooked Creek Road*

Address

*Norcross, GA 30092*

City, State & Zip

*770-734-0999*

Daytime Telephone number

FILED  
00 MAY -8 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*PW 5/11/007*

**ARTICLES OF INCORPORATION**

FILED

00 MAY -8 AM 11:20

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of the corporation shall be D. Robison, Inc.

**ARTICLE II**

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

D. Robison, Inc.  
416 West Sonata Circle  
Panama City Beach, FL 32413

**ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100,000.

**ARTICLE IV**

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

Dawn Robison  
416 West Sonata Circle  
Panama City Beach, FL 32413

**ARTICLE V**

The Incorporator to these Articles of Incorporation is:

Tom Martin  
6165 Crooked Creek Rd.  
Norcross, GA 30092

  
\_\_\_\_\_  
Signature/Incorporator

4/27/00  
\_\_\_\_\_  
Date

*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 provision 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 a registered agent.*

*Lawn M. Ellison*  
Signature/Registered Agent

*5-2-00*  
Date

FILED  
00 MAY -8 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA