Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850)922-4001

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

FLORIDA PROFIT CORPORATION OR P.A.

ROBINSON ATLANTA INCORPORATED

Certificate of Status	<u>.</u>				.0
Certified Copy	1	V			1
Page Count	<u> </u>	· .	**	. ,	03
Estimated Charge		 -			78.75

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

ROBINSON ATLANTA INCORPORATED



ARTICLE II - PRINCIPAL OFFICE

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

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KEITH GIPARD ROBINSON 1075 BISCAYNE BLVD MIAMI, FL 33132

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: KEITH G. ROBINSON

1075 BISCAPNE BLVD. MIAMI, FL, 33132

The undersigned incorporator has executed these Articles of Incorporation this 09 day of PEBPLIARY 2001

ARTICLE VI- DIRECTOR(S)

Signature

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

KEITH G. ROBINSON, PRESIDENT 1075 BISCAYNE BLVD MIAMI, FL, 33132

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

gistered Agent Signature