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TRANSMITTAL LETTER

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

SUBJECT: Kohin Flore	e Hssocia	tes, Inc	
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
D 070 00 M 070 75	D 000 05	□ #07.50	
□ \$70.00 □ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		Status	
	ADDITIONAL CO		
FROM: Name (Printed or typed)			
Traine (Trained of Types)			
434 Areca Palm Rd.			
Address			
R = 0 + = F1 22/132			
City, State & Zip			
•	•		
(9/1) 399-1718			
Daytime Telephone number			

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Robin Anne Associates, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 434 Areca Palm Rd Boca Roton, FL 33432 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Marketing/PR/Advertising ARTICLE IV SHARES The number of shares of stock is: 10,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): 434 Areca Form Rd-Boca Roton, FL 33432 (Same form) Rdoln A. Gargano - President Romald A. Gargano-Vice President Roganne S. Gargano-Secretary/Treasurer ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Kobin Anne Govoaro

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Date