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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8670
Fax Number : (850) 224-7047

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SECTION OF
DIVISION

FLORIDA PROFIT CORPORATION OR P.A.

AARON ROBINSON, INC.

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ARTICLES OF INCORPORATION**OF****AARON ROBINSON, INC.**

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

ARTICLE I: NAME

The name of the corporation is **AARON ROBINSON, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business of the corporation is **440 North Court Street, Bronson, FL. 32621** and the mailing address is **P.O. Box 596, Bronson, FL. 32621**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred twenty (120) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Aaron Robinson, 440 North Court Street, Bronson, FL. 32621

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.

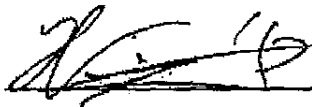
ARTICLE VI: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is:

Aaron Robinson, 440 North Court Street, Bronson, FL. 32621

The undersigned has executed these Articles of Incorporation this 30th day of August 2004.

"Capital Connection, Inc. by, Weimar Lopez, Client Representative"



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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Aaron Robinson, Inc.

2. The name and street address of the registered agent and office is:

Aaron Robinson 4412 North Coast Street
Bonita, FL 33421

HAVE 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.

X Aaron L. Robinson

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