P050000 410//

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (becament Namber) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400047114004

02/28/05--01038--002 **70.00

SECRETARY OF STATE TALLAHASSEE, FLORID

FILED

CB 3-18

//

TRANSMITTAL LETTER

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

| SUBJECT: ROBBI | NS GROUP, INC. (PROPOSED CORPORAT | E NAME – <u>MUST INCL</u> | UDE SUFFIX) |
|----------------------|--|--|--|
| Enclosed are an orig | rinal and one (1) copy of the artic | les of incorporation and | a check for: |
| \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: DC | NNA SACCO | | |
| | Name (| Printed or typed) | |
| | 1111 NW 99 TERRACE | | |
| | PEMBROKE PINES, FL 33024 | ddress State & Zip | |
| | 954-680-4818 Daytime Te | lephone number | |
| | zajimio to | L | |

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 7, 2005

DONNA SACCO 1111 NW 99 TERR PEMBROKE PINES, FL 33024

SUBJECT: ROBBINS GROUP, INC. Ref. Number: W05000011758

We have received your document for ROBBINS GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 505A00015633

Cynthia Blalock Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

AND

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

OS MAR 17 AM 8: 21

SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be:

ROBBINS GROUP SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3001 WEST ROLLING HILLS CIRCLE # 202 DAVIE, FL. 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000 (ONE THOUSAND)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BRIAN H. ROBBINS P/VP/S/T 3001 WEST ROLLING HILLS CIRCLE # 202 DAVIE, FL 33328

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BRIAN H. ROBBINS 3001 WEST ROLLING HILLS CIRCLE # 202 DAVIE, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNA SACCO 1111 NW 99 TERRACE PEMBROKE PINES, FL 33024

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

Signature/Incorporator