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COVER LETTER

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

SUBJECT: ROB LAND, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 []\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy
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growth the state of the state o		Status
ADDITIONAL COPY		PY REQUIRED

FROM: ROBERT LANGE		
	Name (Printed or typed)	
P.O. BOX 969		
	Address	
PALMETTO, FL	34221	
	City, State & Zip	
(313)584-7040		
	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)

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ROB LAND, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13110 FAULKNER PL, RIVERVIEW, FL 33569 P.O. BOX 969, PALMETTO, FL 34221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES

ARTICLE IV SHARES

The number of shares of stock is:

1000

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

ROBERT LANGE, 13110 FAULKNER PL, RIVERVIEW, FL 33569

ARTICLE VI REGISTERED AGENT

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

ROBERT LANGE 13110 FAULKNER PL RIVERVIEW, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT LANGE 13110 FAULKNER PL RIVERVIEW, FL 33569

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 fumiliar with and accept the appointment as registered agent and agree to act in this capacity

09/20/06 Date 09/20/06 Date