

PO7 000 082080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

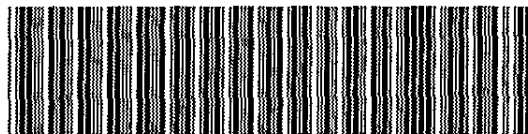
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: _____

Robinson's 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

Nicola Robinson

Name (Printed or typed)

110 16th St SE

Address

Naples, FL 34117

City, State & Zip

678-908-9304

Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Robinson 5 Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

110 16th St SE
Naples FL 34117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investment

ARTICLE IV SHARES

The number of shares of stock is:

5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cheryl Robinson - President Sandi Robinson - Treasurer
Patrick Robinson - VP
Michael Robinson - Manager
Nicola Robinson - CFO

ARTICLE VI REGISTERED AGENT

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

Nicola Robinson
110 16th St SE
Naples FL 34117

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

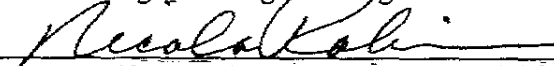
Nicola Robinson
110 16th St SE
Naples FL 34117

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



Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA