

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

ROBIN PROFESSIONAL SECURITY INC.

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08 AUG - 7 11:43
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TALLAHASSEE, FLORIDA

RECEIVED
08 AUG - 7 PM 3:40
DIVISION OF CORPORATION

8/8/08

ARTICLES OF INCORPORATION
OF
ROBIN PROFESSIONAL SECURITY INC.

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION

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ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
ROBIN PROFESSIONAL SECURITY INC.
THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:
1137 NW 103 STREET, MIAMI, FLORIDA, 33150

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS.
1000 SHARES AT \$1.00 EACH

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSION(S) IS (ARE) ELECTED, IS (ARE)

- **ROBIN MENDOZA (PRES/SEC/TREA)**
1137 NW 103 STREET
MIAMI FL. 33150

H08000190066 3

ARTICLES VI INCORPORATOR (S)

**THE NAME (S) AND STREET ADDRESS (ES) OF THE
INCORPORATOR (S) TO THIS ARTICLES OF INCORPORATOR (S)**

**ROBIN MENDOZA
1137 NW 103 STREET
MIAMI, FL. 33150**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS: AUGUST 6, 2008**

SIGNATURE (S) OF INCORPORATOR (S)


ROBIN MENDOZA

H08000190066 3

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES, THE UNDERSIGNED 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 THE NAME OF THE CORPORATION:

ROBIN PROFESSIONAL SECURITY INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

**ROBIN MENDOZA
1137 NW 103 STREET
MIAMI, FL 33150**

ROBIN MENDOZA

PRESIDENT

**ROBIN MENDOZA
REGISTERED AGENT**

DATE: 08-06-2008

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS OF SECTION 607.325, FLORIDA STATUTE

SIGNATURE ROBIN MENDOZA

ROBIN MENDOZA

DATE: AUGUST 6, 2008