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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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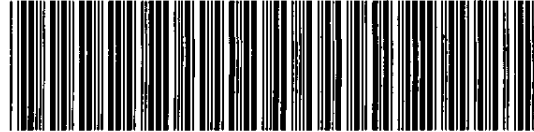
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-15-08
Don

COVER LETTER

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

SUBJECT: Robi Casting & manufacturing Jewelry, 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: Robert Trajkovic
Name (Printed or typed)

36 N.E. 1st Street Suite 100
Address

Miami FL. 33132
City, State & Zip

(305) 381-9977
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)

ARTICLE I NAME

The name of the corporation shall be:

Robi Casting + Manufacturing Jewelry, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

The Seybold Building
36 N.E. 1st Street Suite 1010
Miami, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell and repair golds

ARTICLE IV SHARES

The number of shares of stock is:

10,000 Ten thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Trajkovic, President
36 N.E. 1st Street Suite 1010
Miami FL 33132

ARTICLE VI REGISTERED AGENT

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

Robert Trajkovic
36 N.E. 1st Street Suite 1010
Miami, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Trajkovic
36 N.E. 1st Street Suite 1010
Miami FL 33132

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



Signature/Incorporator

Registered Agent

Date

09-10-2008

Date

2008 SEP 15 P 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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