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(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Offic					
Seymour GAVE					
ALTHORIZATION BY PHONE TO					
CORRECT Mame					
CORRECT Mane DATE & 18/10					
DOC. EXAM.					

Office Use Only



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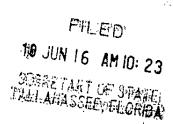
NESKELANT OF STATE
TALL ANASSESSES OF ORDER

COVER LETTER

TO:	Registration S Division of C			
SUBJ	TECT:	S. Rots Name of Resultin	3/W LTD (CORP
conve				, and fees are submitted to tion" in accordance with
Please	e return all corr	espondence concernin	g this matter to:	
	Sey	MOUR Contact Person	ROBIN	
	<u>S</u>	· ROBIN Firm/Company	LTD	
	128	N.E. 19T	s PL	
	WILTO	M ANOR City, State and Zip Code	s, 7L. 3330	25
	NROB -mail address: (to	be used for future annual	report notification)	
For fi	N ROP	ion concerning this ma	at (954) \$	79-1982 ime Telephone Number
Enclo	sed is a check	for the following amo	unt:	
S 10	05.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Regist Division Clifto 2661	EET ADDRES stration Section sion of Corpora on Building Executive Cen hassee, FL 323	tions ter Circle	MAILING Registration Division of G P. O. Box 63 Tallahassee,	Section Corporations 27

Wall list

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate
of Conversion is:
SIROBIN LTD CORP FO8-174. Enter Name of Other Business Entity
Enter Name of Other Business Entity U
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of WSTATE (Enter state, or if a non-U.S. entity, the name of the country)
on 6 1 1999 Enter date "Other Business Entity" was first organized, formed or incorporated
Ented date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
S, ROBIN CORP. Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to nor more than 90 days after the date this
document is filed by the Florida Department of State; AND 2) must be the same as the
effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed th	isday of _6/15/10								
Required	/ <u> Signature for Florida Profit Corpora</u>	tion:							
Signature been select Printed N	e of Chairman, Vice Chairman, Director, Coted, an Incorporator:	Officer or if Directors or Officers have not							
	Required Signature(s) on behalf of Other Business Entity: [See below for required								
signature(•								
Signatures Printed No	ame:	Title:							
Signature	; <u></u>								
Printed Na	ame:	Title:							
/ Signature:	:								
	ame:								
Signature:									
Printed Na	ame:	Title:							
Signature:	:								
	ame:								
Signature:									
Printed Na	ame:	Title:							
Signature If Florida	General Partnership or Limited Liabili of one General Partner Limited Partnership or Limited Liabili of ALL General Partners.								
	Limited Liability Company: of a Member or Authorized Representative).							
All others Signature	s: of an authorized person.	,							
Fe Ce	ertificate of Conversion: ees for Florida Articles of Incorporation: ertified Copy: ertificate of Status:	\$35.00 \$70.00 \$ 8.75 (Optional) \$ 8.75 (Optional)							

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: S. ROBIN CORP			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 35(N.E. 190 PL (104 Wilton Wanors, 71, 3330)			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: NJERNET Selling of Jeweleg + assorters			
ARTICLE IV SHARES The number of shares of stock is:	PAULANASSE (ANTIC	NO NUL GI	
List name(s), address(es) and specific title(s): SEYMOUR ROBIN	A STATE	AM 10: 23	Q
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Sey MOUR ROBIN Sey MOUR ROBIN ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Sey MOUR ROBIN Sey MOUR ROBIN Sey MOUR ROBIN Will an Manors H. 3330			
Having been named as registered agent to accept service of process for the above stated corpor designated in this certificate, I am familiar with and accept the appointment as registered agent and			
Rignature/Registered Agent Signature/Incorporator Date	5/10	<u>/</u> ()	143