P11000046655

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W11- 21574

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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 11 MAY 16 PH 12: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 18, 2011

PATRICIA ROBINSON 2400 N.W. 66 STREET MIAMI, FL 33147

SUBJECT: ROBINSON ENTERPRISE INC.

Ref. Number: W11000021524

We have received your document for ROBINSON ENTERPRISE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a <u>new name</u> and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is H88120 (ROBINSON ENTERPRISES, INC.).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 511A00009293

District of Compositions DO DOV 6297 Tollahogge Florida 29214

COVER LETTER

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

SUBJECT: ROBINSON ENT (PROPOSED CORPORA	ERPRISE INC.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Englaced are an original and and (1) convert the arti	ales of incorporation and a check for
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for.
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy
	& Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Patricia Robi	(Printed or typed)
2400 N.W. Co	6 Street
Miami, Flori	<u>da</u> 33147 State & Zip
(305) 336-0	elephone number
Drobinson@	dade
E-mail address: (to be-used	for future annual report notification)

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 The name of the corp	NAME poration shall be: Pat Robinson's	Entexpris	e Inc.		
ARTICLE II			Mailing address, if different is:		
ARTICLE III P The purpose for whi $A \leq \leq 1 \leq$	URPOSE ich the corporation is organized is: STED LIVING FACILITY			11 MAY 16	
The number of shares	s of stock is: ONE THOUSAND (1)			PH 2:1	
	e: Patricia Robinson (P) 2400 N.W. 66 ST. Mami, Florida 33147	Name and T Address:	Title:	7/A	
Name and Titl Address:	e:	4 1 1	Fitle:	Y/A	
Name and Titl Address:	e:		Fitle:	V/A	
	REGISTERED AGENT da street address (P.O. Box NOT acceptable) of Patricia Robinson 2400 N.M. GG Street Microi, Pla. 33147		agent is:		
	ess of the Incorporator is: Patricia Robinson 2400 N.W. 66 Steet Miami Fla, 33147				
this certificate, I am	l as registered agent to accept service of proce familiar with and accept the appointment as re	gistered agent a			
I submit this docum	Required Signature/Registered Agent COBINSON nent and affirm that the facts stated herein ar partment of State constitutes a third degree felo.	e true. I am av			
-	Required Signature/Incorporator		or an anoxitized of A nati	5 / 4 Date	
PATRICIA R				- 2500	