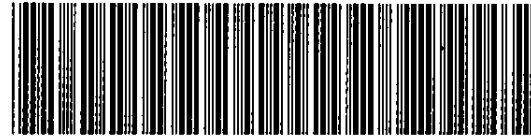


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10/25/11--01047--006 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

John Robinson **NAME**
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 10/26/11
DOC. EXAM MRS

Office Use Only

FILED
11 OCT 25 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/26

COVER LETTER

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

SUBJECT: J- Rob Services 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: John Robinson
Name (Printed or typed)

1000 Colony Point Circle #402
Address

Pembroke Pines, Florida 33026
City, State & Zip

754-235-1160
Daytime Telephone number

jhjrob@aol.com
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 NAME

The name of the corporation shall be: J-Rob Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1000 Colony Point Circle #402, Pembroke Pines, Fl. 33026

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Eugene Robinson - President; Address: 1000 Colony Point Circle #402, Pembroke Pines, Fl. 33026

Name and Title: _____; Address: _____

Name and Title: _____; Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: John Eugene Robinson; Address: 1000 Colony Point Circle #402, Pembroke Pines, Fl. 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Eugene Robinson; Address: 1000 Colony Point Circle #402, Pembroke Pines, Fl. 33026

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

John Eugene Robinson (Signature) Required Signature/Registered Agent; 10-19-11 (Date) Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John Eugene Robinson (Signature) Required Signature/Incorporator; 10-19-11 (Date) Date