## P120000010174H

(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:				

Office Use Only

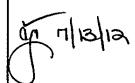


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SECKLIA DE SORPORATIONS DIVISIDA DE STATE



## **COVER LETTER**

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

SUBJECT: Robinski, Inc. (PROPOSED CORPORA)	ΓΕ NAME – <u>MUST INCLUI</u>	DE SUFFIX)	<u> </u>				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate Status					
	ADDITIONAL COP	Y REQUIRED					
FROM: Robin R. Gedmin Name (Printed or typed)							
3431 Riviera Dr. Address							
Key West F	-L 33040 State & Zip		12 JUL 12				
(305) 292-219= Daytime Te	Selephone number		PH 1:	÷			
robinskio bells E-mail address: (to be used	south net for future annual report not		TATE ATTONS				

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 N The name of the corpo	VAME oration shall be: Robinski, I	nc.	FILED SECKLEARY OF STATE
ARTICLE II P	RINCIPAL OFFICE Principal street address	Ma	DIVIS VER CORPORATIONS ailing address, if different is:  12 JUL 12 PM 1: 19
<u>3</u> 1	431 Riviera Dr. ey west, FL33040		12 000 12 111 1-17
ARTICLE III PR The purpose for which and all law the State	ch the corporation is organized is: for the wful business not in contof Florida.	e purpose flict with	of conducting any the statutes of
ARTICLE IV S. The number of shares	HARES of stock is: 100		
	NITIAL OFFICERS AND/OR DIRECTOR	<u>88</u>	
Name and Title		_ Name and Title:_	
Address:	tresident Director	_ Address:	<i>/</i>
	Key West, FL33040		
	Neg 4001 1 - 30040	<del>-</del>	
Name and Title	:	_ Name and Title:	
Address:		_ Address:	
Name and Title		Name and Title:	,
Address:	· <del></del>	_ Name and Title Address:	<del></del>
71441055.			<del></del>
		<del>-</del>	
		<del></del> -	
	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of	f the registered agent i	is:
Name:	Peggy E. Marchan	_	
Address:	3328 Flagler Ave.	_	
	Key West FL 33040	<del>-</del>	
ARTICLE VII IN	ICORPORATOR		
The name and address	ss of the Incorporator is:		
Name:	Robin R. Gedmin	_	
Address:	3431 RIVIERA DR.	_	
	Key West FL 33041	<b>&gt;</b>	
Having been named of this certificate, I am fo	as registered agent to accept service of process amiliar with and accept the appointment as reg	s for the above stated istered agent and agr	d corporation at the place designated in ee to act in this capacity
	an 9 // auch an		17/17/12
	Bequired Signature/Registered Agent		7/10/12
( )	gequired Signature/Registered Agent		/ Date/
I submit this docume	nt and affirm that the facts stated herein are	true. I am aware th	at the false information submitted in a
document to the Deva	rtment <sub>s</sub> of State constitutes a third degree felony	y as provided for in s.	817.155, F.S.
$\mathcal{I}_{I}}}}}}}}}}$		•	/ /
	C. M. Most.		7 /10/1a
	Required Signature/Incorporator	,	Date