# P13000102161

(Re	equestor'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



300255101963



SICRETARY OF STATE
STYLSION OF CONTOCATION

### FLORIDA FILING & SEARCH SERVICES, INC.

#### P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/30/13

NAME:

ROBBINS REAL ESTATE ADVISORS, INC.

TYPE OF FILING: ARTICLES

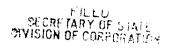
COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE Oubbie Hool &



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2013 DEC 30 AM 9: 12

The name of the corpora	tion shall be: Robbins Real Esta	ate Adviso	rs, Inc.
ARTICLE II PRI	Principal street address		Mailing address, if different is:
	The state of the s	<del></del>	
Newton, MA (	72409		
ARTICLE III PUR	ROCE		
The purpose for which t	he corporation is organized is: (1) to act a		
(ii) to acquire, ow	n, hold for investment, develop,	mortgage, e	ncumber, hypothecate, lease,
(in whole or in part),	sell, maintain, improve, alter, remodel,	expand, mana	ge and otherwise operate and deal
with real property;	(iii) to own, hold for investment, se	ell and manag	e financial products; and (iv) to
enter into or engage	ge in any other activity, so long as	said activitie	s may be lawfully carried on or
performed by	a corporation under the la	ws of the S	State of Florida.
	Mitchell Robbins, Director		Steven Robbins, Director 120 Wells Avenue
	Newton, MA 02459		Newton, MA 02459
Name and Title:		Name and Title:	
Address		Address:	
	And the second s		
Many and Willer		Mama and Title	
Address		Address:	and the second s
			The same of the sa

SECRETARY DESIGNAL DIVISION OF CORPORATION

## 2018 DEC 30 AM 9: 12

nd Title: Name	and Title:
s Addre	ss:
REGISTERED AGENT	
	stered agent is:
NRAI Services, Inc.	
1200 South Pine Island Road	
Plantation, FL 33324	
INCORPORATOR	
ddress of the Incorporator is:	•
Giselle Ciano, Paralegal - Saul Ewing LLP	
131 Dartmouth Street, Suite 501	
Boston, MA 02116	
ument and affirm that the facts stated herein are true. I a Department of State constitutes a third degree felony as prov	gem and agree to act in this capacity  [30]13  Date  in aware that the false information submitted in a
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the regi NRAI Services, Inc.  1200 South Pine Island Road Plantation, FL 33324  INCORPORATOR  Idress of the Incorporator is: Giselle Ciano. Paralegal - Saul Ewing LLP  131 Dartmouth Street, Suite 501  Boston, MA 02116  med as registered agent to accept service of process for the cam familiar with and accept the appointment as registered at Required Signature/Registered Agent  ument and affirm that the facts stated herein are true. I accept ament and affirm that the facts stated herein are true. I accept ament and affirm that the facts stated herein are true. I accept the appointment are true. I accept the appointment are true. I accept the appointment are true.