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(Requestor's Name)

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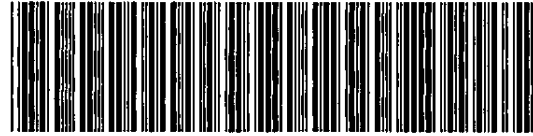
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/07/14--01024--004 **78.75

WKL 4/9/13 YMD 7/22

COVER LETTER

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

SUBJECT: C H Robinson & Associates 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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: John George C/O Shepherd Consulting LLC

Name (Printed or typed)

1211 Clearfield Circle

Address

Lutherville, Maryland 21093

City, State & Zip

443-807-1800

Daytime Telephone number

shepherd1313@comcast.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2014

JOHN GEORGE
C/O SHEPHERD CONSULTING LLC
1211 CLEARFIELD CIRCLE
LUTHERVILLE, MD 21093

SUBJECT: C H ROBINSON & ASSOCIATES LLC
Ref. Number: W14000041913

We have received your document for C H ROBINSON & ASSOCIATES LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 714A00014637

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: C H Robinson & Associates Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

101 SE 2nd Street, Suite 201, Room K
Gainesville, Florida 32601

Mailing address, if different

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sell and service insurance products

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher H Robinson, President

Address: 101 SE 2nd Street, Suite 201, Room K
Gainesville, Maryland 32601

Name and Title: _____

Address: _____

Name and Title: Christopher H Robinson, Sec/Treas

Address: 101 SE 2nd Street, Suite 201, Room K
Gainesville, Maryland 32601

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Christopher H Robinson
Address: 101 SE 2nd Street, Suite 201, Room K
Gainesville, Maryland 32601

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John George
Address: 1211 Clearfield Circle
Lutherville, Maryland 21093

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TALLAHASSEE, FLORIDA

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

Required Signature/Registered Agent
6/24/2014
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.

Required Signature/Incorporator
6/30/2014
Date