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(Requestor's Name)

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(City/State/Zip/Phone #)

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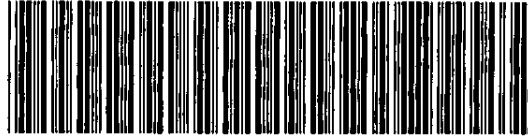
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 JAN 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: RobinLee of Florida, 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: Herbert E. Gould, Esq.
Name (Printed or typed)

P.O. Box 11823
Address

St. Petersburg, FL 33733
City, State & Zip

(727) 327-5842

Daytime Telephone number

HerbertEGouldEsquire@hotmail.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: RobinLee of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
765 14th Avenue North
St. Petersburg, FL 33701

Mailing address, if different is:
N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Management

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John A. LoBianco-President & Treas.
Address: 765 14th Avenue North
St. Petersburg, FL 33701

Name and Title: Robin L. LoBianco-VP & Secretary
Address: 765 14th Avenue North
St. Petersburg, FL 33701

ARTICLE VI REGISTERED AGENT

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

Name: John A. LoBianco
Address: 765 14th Avenue North
St. Petersburg, FL 33701


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Herbert E. Gould, Esq.
Address: P.O. Box 11823
St. Petersburg, FL 33733

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

FILED
15 JAN 13 11:20 AM
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Required Signature/Registered Agent

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

Date