

P/5000018007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 FEB 23 PM 3:39

*h* 02/24/15

**COVER LETTER**

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

**SUBJECT: D L Robinson, PA**

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM: Dixie Robinson**

Name (Printed or typed)

**3990 Cedar Bluff Ln.**

Address

**Jacksonville, FL 32226**

City, State & Zip

**904-662-3127**

Daytime Telephone number

**dixier@bellsouth.net**

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: D L Robinson PA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3990 Cedar Bluff Ln  
Jacksonville, FL 32226

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Real Estate Services / Sales

**ARTICLE IV SHARES** 1  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dixie Robinson-President  
Address: 3990 Jax Elite Realty  
Jacksonville, FL 32226

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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DIVISION OF CORPORATION  
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(cont.)

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: Dixie Robinson  
Address: 3990 Cedar Bluff Ln.  
Jacksonville, FL 32226

**ARTICLE VII INCORPORATOR**

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

Name: Dixie Robinson  
Address: 3990 Cedar bluff Ln.  
Jacksonville, FL 32226

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*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*

Dixie Robinson  
Required Signature/Registered Agent

2/18/2015  
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.*

Dixie Robinson  
Required Signature/Incorporator

2/18/2015  
Date