

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Robyn Rocco, PA
Name of Resulting Florida Profit Corporation

create a P.A.

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to ~~convert an "Other Business Entity"~~ into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Robyn Rocco
Contact Person

Firm/Company

645 Grandview Dr.
Address

Lehigh Acres, FL 33930
City, State and Zip Code

Robyn@Landexpressorts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Rocco at (239) 738-0588
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees *70.00*
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

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ARTICLE I NAME

The name of the corporation shall be: ROBYN ROCCO, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
645 Grandview Dr.
Lehigh Acres, FL 33936

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Association for Real Estate activity

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robyn Rocco N/A</u>	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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: Robyn Rocco

Address: 645 Grandview Dr.
Lehigh Acres, FL 33436

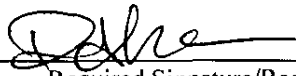
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robyn Rocco


Address: 645 Grandview Dr.
Lehigh Acres, FL 33436

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

4/6/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

4/6/16
Date