# P1800000000818 Iorida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H18000099765 3)))



HH 80000997653ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA

Account Number : 072450003255 : (305)634-3694

Phone

Fax Number

: (305)633-9696

gier the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION

ROBINSON Services

Certificate of Status		0
Certified Copy		1
Page Count		04
Estimated Charge	\$78.75	

Electronic Filing Menu

Corporate Filing Menu

Help

302233628

N CULLIGAN

850-617-6381



March 29, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: ROBINSON ENTERPRISE, INC

REF: W18000030492

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II New Filing Section FAX Aud. #: E18000099765 Letter Number: 218A00006367

P.O BOX 6327 - Tallahassee, Florida 32314

PAGE 82/85

A2U 9803

118000099745

## ARTICLES OF INCORPORATION OF

### ROBINSON SERVICES, INC

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

#### ARTICLE I

The name of this Corporation shall be:

### ROBINSON SERVICES, INC.

#### ARTICLE II

The principal place of business/mailing address is

1374 PINE VALLEY DRIVE WELLINGTON, FL 33414

#### ARTICLE III

This Corporation is organized for the purpose of transacting any or all-lawful business.

#### ARTICLE IV.

This corporation is authorized to issue one hundred shares of one-dollar (1.00) par common stock.

#### **ARTICLE V**

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial directors of this Corporation are:

DANIEL ROBINSON 1374 PINE VALLEY DRIVE WELLINGTON, FL 33414 SECRETARY OF STATE

PAGE 03/05

CORP USA

04/03/5018 12:11 302633696

#### ARTICLE VI

The name and address of the initial registered agent of this comporation is:

DANIEL ROBINSON 1374 PINE VALLEY DRIVE WELLINGTON, FL 33414

#### ARTICLE VII

The name and address of the incorporator of this corporation is:

DANIEL ROBINSON 1374 PINE VALLEY DRIVE WELLINGTON, FL 33414

ARTICLE VIII

SIGNATURE

DANIEL ROBINSON, Incorporator

TITLE: President

DATE: 3/29/19

#### NO. 0307

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the state of Florida, submits in the state of Florida.

1. The name of the Corporation is:

## ROBINSON SERVICES, INC.

The name and address of the registered agent and office is:

DANIEL ROBINSON 1374 PINE VALLEY DRIVE WELLINGTON, FL 33414

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE:

DANIEL ROBINSON, Registered Agent

DATE <u>\$/29/19</u>

FILED
18 HAR 28 PH 2: 34
SECRETARY OF STATE
AN LANASSEE. FLORIS