

P22 000032693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

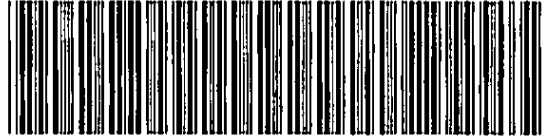
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. CHATHAM

MAY 03 2022

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ROBINSON COMPENSATION GROUP INC
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Anthony Morales

Contact Person

MyUSACorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, New York 10801

City, State and Zip Code

info@myusacorporation.com

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

For further information concerning this matter, please call:

Anthony Morales at (877) 330-2677

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|--|--|

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 APR 13 AM 5:32
SECRETARY OF STATE
TALLAHASSEE, FL 32309

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Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

ROBINSON COMPENSATION GROUP INC

Enter Name of the Converting Entity

2. The converting entity is a Profit Corporation

(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of California, then in 5/29/2020 the company
was Domesticated in Arizona
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/6/2017

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

ROBINSON COMPENSATION GROUP INC

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: _____.

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FLORIDA

Signed this 5th day of April, 2022

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Lawrence G. Robinson

Printed Name: LAWRENCE G. ROBINSON Title: PRESIDENT

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: Lawrence G. Robinson

Printed Name: LAWRENCE G. ROBINSON Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All Others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: ROBINSON COMPENSATION GROUP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

11824 Quail Village Way

Naples, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Executive Compensation Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence G. Robinson, President

Name and Title: Lawrence G. Robinson, Treasurer

Address: 11824 Quail Village Way

Address: 11824 Quail Village Way

Naples, FL 34119

Naples, FL 34119

Name and Title: Kathleen C. Robinson, Vice President

Name and Title: _____

Address: 11824 Quail Village Way

Address: _____

Naples, FL 34119

Name and Title: Lawrence G. Robinson, Secretary

Name and Title: _____

Address: 11824 Quail Village Way

Address: _____

Naples, FL 34119

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Name: INCorp SERVICES, INC.

Address: 17888 67th Court North

Loxahatchee, FL 33470

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

04/05/2022

Date

22 APR 13 AM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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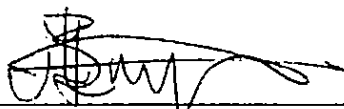
**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as its attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2022.



Louise Breytenbach, Chief Operating Officer

Dated: January 12, 2022

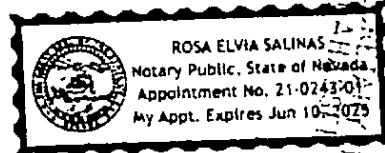
STATE OF NEVADA)
) ss
COUNT OF CLARK)

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 12, 2022, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.



Notary Public in the State of Nevada

My Commission Expires: _____



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STATE OF NEVADA
CLERK OF SUPERIOR COURT
FALLON, NV