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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

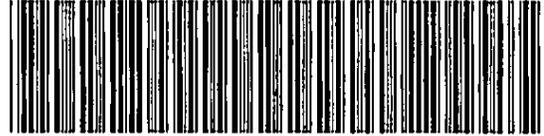
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. CHATHAM

MAY 03 2022

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**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:

- \$105.00 Filing Fees
- \$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

**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

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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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: \_\_\_\_\_

**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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TALLAHASSEE, FLORIDA

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**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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FALLAHASSEE COUNTY

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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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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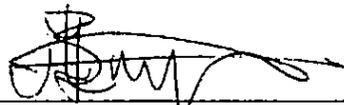
**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

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

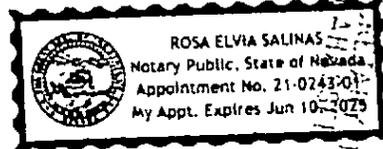
STATE OF NEVADA        )  
  ) ss  
COUNT OF CLARK        )

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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