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FLORIDA DIVISION OF CORPORATIONS 8145 AM 5703795 PUBLIC OCCESS SYSTEM ELECTRONIC FILING COVER BHEET (((H950000005723))) FROM: CONTINENTAL STAMP & SEAL 101 DIVISION OF CORPORATIONS 8744 SW 133RD ST DEPARTMENT OF STATE STATE OF FLORIDA MIAMI FL 33176~5929 489 EAST GAINES STREET CONTACT: JENNIFER BENSCH TALLAHASSEE, FL 32399 PHONE: (305) 832-8826 FAX: (984) 988-4888 FAX: (305) E38-6422 DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. (((H95000005723))) NAME: ROBBINS CO. INC. CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H95000005723 TIME REQUESTED: 08:45:28 DATE REQUESTED: 05/23/1995 CERTIFICATE OF STATUS: 1 CERTIFIED COPIES: 0 METHOD OF DELIVERY: FAX NUMBER UF PAGES: 4 ACCOUNT NUMBER: 070253003503 ESTIMATED CHARGE: 478.75 Notes Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95000005723))) ** ENTER *M* FOR MENU. ** ENTER BELECTION AND (CR):

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FLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State

May 23, 1995

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SUBJECT: ROBBINS CO. INC. REF: W95000010810

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

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Loria Poole Corporate Specialist

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FAM Aud: #: H95000005723 Letter Number: 995/00076182

Division of Corporations - P.O. Box 6327 - Tallahassee, Flarida 32314

H95000005723

ARTICLES OF INCORPORATION

QE

Robbins Enterorises Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Robbins Enterprises Inc.



ARTICLE IL PRINCIPAL OFFICE

The principal place of business and malling address of this corporation shall be:

6701 N.E. 3 Ave. Miemi FI 00138

ARTICLE IR CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

H95000005723

5.W. Robbins 6701 N.E. 3AVE. Mirmi, Fl 33138

JENNIFER BENSCH CONTINENTAL STAMP & SEAL 8744 S.W. 133 STREET MIAMI, FL 33176-5929 (305) 232-2226 . เลรุธยกกกต่อยละ

ARTICLE V INCORPORATOR(8)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

S.W. Robbins
M.S. Robbins
6701 N.E. 3 AVE
Miami, Fl 33138

The und	ersigned h	as(have) oxe	cuted these A	ticles of Incorporation this	
,	22-	day of _	May	. 19 <u>75</u> .	
			5	-L.	(leesident)
				Signature/Title	1 Charman N
			_ 0 / _	Signature/Title	(secretary)
				Signature/Title	

Hauonnuoszau

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 tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: ROBBING Enterprises Inc.					
2. The name and address of the registered agent and office is:					
S.W. Robbins					
(IMML)					
(P.O. BOX NOT ACCEPTABLE)					
Miami F1 33138					
(CITY/STATE/ZIP)					
SIGNATURE (corporate officer)					
TITLE Resident					
DATE 5-21-95					
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF					
PROCESS FOR THE ABOVE STATED COMPENSATION AS DEGISTERED AGENT					
THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS RECOMPLY WITH THE AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLETE PER-					
AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO ACT AND COMPLETE PERPONENTIAL ACCEPT THE OBLIGATION AS DECUSTORS AGENT.					
FORMANCE OF MY DUTIES, AND I AM LAMICENT. TIONS OF MY POSITION AS REGISTERED AGENT.					
SIGNATURE 5. L					
DATE 5 - 22 -95					