P9700076207

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT:	S. L.	Robinson,		oorate name - must include	e suffix)
Enclosed is an \$70 Filing	0.00	i one(1) copy \$78.7 Filing Fe & Certif	75 ee	of incorporation and a co □\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
				ADDITIONAL CO	PY REQUIRED
FI	ROM:	Albert T.		nted or typed)	

P. O. Box 1876

Address

Tallahassee, FL 32302

City, State & Zip

904-222-0720

Daytime Telephone number

Wesser Caparello

K. Rolfe 3EP 3 1997

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME

The name of the corporation shall be:

S. L. Robinson, Inc.

ARTICLE II PRINCIPAL OFFICE

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

532 Frank Shaw Road Tallahassee, Florida 32312

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Albert T. Gimbel, Esq. 215 S. Monroe St., Ste. 701 Tallahassee, FL 32301

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Albert T. Gimbel, Esq. 215 S. Monroe St., Ste. 701 Tallahassee, FL 32301

Attended

Signature/Incorporator

9/2/97

Date

(An additional article must be added if an effective date is requested.)

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

He cewas

9/2/97

Signature/Registered Agent

Date