

P98000059241

DATE June 25, 1998

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

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-07/01/98--01026--020
***122.50 ***122.50

Re: Robinson Charles Group, Inc., Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Chaf Robinson
(Individual's Name)

FILED
98 JUL -1 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robinson Charles Group, Inc.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

Post Office Box 1533

West Palm Beach FL 33402-1533

PHONE

(861) 388-6630

Area Code

Number

Ext.

IN 7-16-98

ARTICLES OF INCORPORATION

of

Robinson Charles Group, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Robinson Charles Group, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of common stock, par value \$ 0.001 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
205 N: Dixie Highway			
CITY	West Palm Beach	FLORIDA	ZIP 33401

Mailing address, if different

STREET ADDRESS			
P.O. Bo 1533			
CITY	West Palm Beach	FLORIDA	ZIP 33401-1533

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME Barbara Robinson			
ADDRESS 1943 S.W. Burlington Street			
CITY	Port St. Lucie	FLORIDA	ZIP 34984

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TALLAHASSEE, FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors 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 director(s) of the corporation are as follows:


NAME	Susan Robinson		
ADDRESS	P.O. Box 1533		
CITY	West Palm Beach	STATE	FL ZIP 33402-1533
NAME	Charles Robinson		
ADDRESS	P.O. Box 1533		
CITY	West Palm Beach	STATE	FL ZIP 33402-1533
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Charles Robinson		
ADDRESS	P.O. Box 1533		
CITY	West Palm Beach	STATE	FL ZIP 33402-1533
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 25th day of June, 19 98.

 (Signature)

____ (Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robinson Charles Group, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1943 S.W. Burlington Street

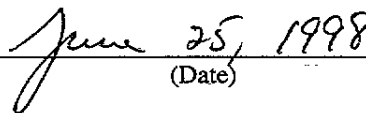
Port St. Lucie, FL 34984

has named Barbara Robinson

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)


(Date)