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

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SUBJECT:	ROBIN LYN	NE INC. ate name - must include sud	5. .\	<u> </u>
***	(Flopused Corpor	ate name - must menute su		
Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for :	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	,
FROM: _	·	INNE inted or typed) Red ST, address	CRETARY C	
-	Key We	PST _。 Fし。 賞 3 State & Zip	2040 PAR S	M D
-	(305)	293 -8056 elephone number P. Hall	01998	

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.

FILED 98 DEC -9 AM 11: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ROBIN LYNNE, INC,

PRINCIPAL OFFICE ARTICLE II

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

1728 LaIRA ST. Key WEST, FL. 33040

ARTICLE III

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

100 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROBIN LYNNE 1728 LAIRD ST. Key West, FL, 33040

INCORPORATOR ARTICLE V

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

LYNNE ROBIN

1728 LAIRD ST. Key West, FL. 33040

Signature/Incorporator

(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

Signature/Registered Agent