# P9900005917

FILED

99 JAN 21 AM 9:30

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002736487---5 -01/11/99--01087--014 \*\*\*\*\*\*\*\*78.75

SUBJECT:

KOB-SON SACES, INC.

(Proposed corporate name - must include suffix

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
- Charges	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	•
FROM: KOBONT WOSKIN Name (Printed or typed)					
	2905 UMBROULA TRUE Lane Address Tamarac 11 33319				
954)460-30/0 Daytime Telephone number					
		Dayume Te	ledan.	99 (le)	)
		<b>4</b>	1		•

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 13, 1999

ROBERT NOSKIN 4905 UMBRELLA TREE LANE TAMARAC, FL 33319

SUBJECT: ROB-SON SALES, INC. Ref. Number: W99000000902

We have received your document for ROB-SON SALES, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Hall Document Specialist

Letter Number: 699A00001682

To: Division of Corporations
Florida Dept. of State
HO9 East Gaines Street
TAllahassee, FLA 32314

AH. PAMELA HALL

Subject - ROB- SON Sales Lar REF # W99000000 902 Letter# 699 A0000 1682

954-486-3010

KEFERENCE IS MADE to OUR PhoNE CONVERSATIONS AND AbovE REFERENCE NUMBERS, IN COMNECTION WITH THE INCORPORATION OF ROB-SON SALES INC PLEASE THAT THE ROB-SON SALES INC 10/16/1998 NUMBER P97000015922 has been dissolvED. I ROBERT, NOSKIN AS OFFICER OF This CO. CONFIRM that the Above MAS INFACT been dissolved AND that ROB-SON SALES TOKE is A FREE AND CLEAR NAME That CAN DE ISSUED to ANY other PERSONS APPLYING FOR SAME. Fatiet //oskin 1/19/99 ENCLOSED ARE THE Apticles OF INCORPORATION FOR YOUR help IN this MATTER Very truly. Robert Dorth Tree La 4905 Unbeella Tree La TAMARAC FLA 33319

#### ARTICLES OF INCORPORATION

FILED

ROB-SON SALES,INC.

JAN 21 AM 9: 3.1

SECRETARY OF STATE

. te"

The undersigned incorporator hereby forms a corporation under chapter 60 Alof the laws. FLORIDA of the State of Florida.

#### ARTICLE 1- NAME

The name of this corporation is ROB-SON SALES,INC.

#### ARTICLE 2- PRINCIPAL OFFICE

The street address of the initial principal office of the corporation shall be: 4905 Umbrella Tree Lane, Tamarac, Fl 33319

#### ARTICLE 3- PURPOSE

The corporation is organized for the purpose of sales or in any activity that is lawful in this state or the United States.

#### ARTICLE 4- CAPITAL STOCK

This corporation is authorized to issue one thousand(1,000) shares of one dollar(\$1.00) par value common stock which shall be designated as "common shares".

#### ARTICLE 5- INITIAL REGISTERED AGENT AND OFFICE

The street address of the initial registered office of this corporation is 4905 Umbrella Tree Lane, Tamarac, Fl 33319 and the name of the initial registered agent of this corporation at that address is Robert Noskin.

#### ARTICLE 6- INITIAL BOARD OF DIRECTORS

The corporation shall initially have one(1) director to hold office until the first annual meeting of the stockholders and their successor shall have been duly elected and qualified or until their earlier resignation, removal from office or death. The number of directors may be either increased or decreased from time to time in accordance with the by-laws of the corporation. The name and address of the initial director is

Robert Noskin- 4905 Umbrella Tree Lane, Tamarac,Fl 33319

#### ARTICLE 7- INCORPORATOR

The name and address of the incorporator signing these articles is: Robert Noskin, 4905 Umbrella Tree Lane, Tamarac,Fl 33319

#### ARTICLE 8- PRE-EMPTIVE RIGHTS

every shareholder, upon the sale for cash of any new stock shall have the right to purchase his pro-rata share thereof at the price at which it is offered to others.

#### **ARTICLE 9- INDEMNIFICATION**

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

#### **ARTICLE 10- AMENDMENT**

This corporation reserves the right to amend or repeal any provision contained in these articles of incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date of signing.

Dated: January \_6\_, 1999

Robert Noskin ,incorporator

FILED

99 JAN 21 AM 9: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### 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 State 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: ROB-SON SALES,INC. The name and address of the registered agent and office is:

> Robert Noskin 4905 Umbrella Tree Lane Tamarac, Fl 33319

> > Robert Noskin incorporator Dated: January 6 ,1999

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT S 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.

Robert Noskin

Date: January\_6,1999