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

Tallahassee, FL 323	14	1000029919114 -09/21/9901022007			
			*****	7.50 ***	**87 <b>.</b> 50
SUBJECT:	Robman Proposed corpo	rate name - must include suf		- cu	
Enclosed is an origina	al and one(1) copy of the article			SECHETARY OF STALLAHASSEE, FLO	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL COP	Status  Status	copy ate of	
FROM: _	Robert A F	inted or typed)	-		te myses
· · · · · · · · · · · · · · · · · · ·		39 ddress			
-	City, S 352 - 484 Daytime Tel	tate & Zip			
	F. O+1665	<sub>in OUI 6</sub> 1999	W	zetb	

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 24, 1999

ROBERT A FISH II P O BOX 1539 BRONSON, FL 32621

SUBJECT: ROBMAR INC. Ref. Number: W99000022086

We have received your document for ROBMAR INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(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 existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Letter Number: 099A00046798

Freida Chesser Corporate Specialist

## 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:  Robmarfi I	SECHE!	7000
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation of the principal place of the place of	<u> </u>	FILED -4 AM 3: 09
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to h	have outstanding at any one time is	 Z'
100	outstanding in they one time is	
The name and Florida street address of the initial registered agent are 10050 NE 815+	e:	3262/
ARTICLE V INCORPORATOR	، ب ما معدور سو	
The <u>name and address</u> of the incorporator to these Articles of Incor  Robert A Fish II  Po. Box 1539	poration are:  Bronson, Fl	3262/
Signature/Incorporator	9 - 18 - 9 9 Date	
	<u> </u>	

(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 myposition as registered agent

Signature/Registered Agent

9-18-99 Date