

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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Account Name : DAVID SILVERMAN, ESQ.  
Account Number : I19990000080  
Phone : (305)947-5822  
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(454)262-3897

**FLORIDA PROFIT CORPORATION OR P.A.****ROBINFLYZE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**Robinflyze, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

1065 Seminole Ave  
Altamonte Springs, FL 32701

**ARTICLE III SHARES**

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

100

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Cathleen D. Fiske  
1065 Seminole Ave  
Altamonte Springs, FL 32701

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CATHLEEN D. FISKE  
1065 Seminole Ave  
Altamonte Springs, FL 32701

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of November, 1999.

x Cathleen D. Fiske  
Signature

Notarization is not required.

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ARTICLE VI DIRECTOR(S) OFFICER(S) SHAREHOLDER(S)

The name(s) and street address(es) of the director(s) are:

Cathleen D. Fiske  
1065 Seminole Ave  
Altamonte Springs, FL 32701

The name(s) and street addresses of the officer(s) are:

Cathleen D. Fiske, President  
1065 Seminole Ave  
Altamonte Springs, FL 32701

The name(s) and street addresses of the shareholder(s) are:

Cathleen D. Fiske, (100 shares)  
1065 Seminole Ave  
Altamonte Springs, FL 32701

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**CERTIFICATE OF DESIGNATION OF  
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.

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1. The name of the corporation is:

ROBINFLYZE, INC.

2. The name and address of the registered agent and office is:

Cathleen D. Fiske  
1065 Seminole Ave  
Altamonte Springs, FL 32701

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.

X Cathleen D. Fiske 11/24/99  
(Signature) (Date)

Notarization Is Not Required

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314