

P10000075569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

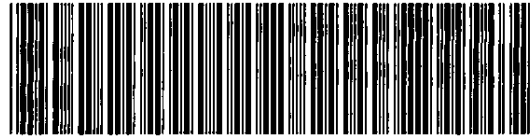
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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09/14/10--01024--001 \*\*87.50

FILED

10 SEP 14 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
9/15

## COVER LETTER

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

**SUBJECT:** ANB Capital, Inc.

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Tenet Financial Group

Name (Printed or typed)

8248 Drop Tine Drive

Address

Benbrook, TX 76126

City, State & Zip

888-901-3335

Daytime Telephone number

abacus@anbcapital.net

E-mail address: (to be used for future annual report notification)

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

To State of Florida / Division of Corporations

Date: 9/2/2010

From: Aaron Bacus

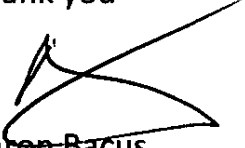
RE: ANB Capital LLC

**FILED**  
10 SEP 14 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Please be advised I do not intend to re-activate ANB capital LLC .

I am in the process of converting to a Corporation, ANB Capital Inc.

Thank you

  
Aaron Bacus

[abacus@anbcapital.net](mailto:abacus@anbcapital.net)

703-627-1775

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**  
10 SEP 14 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ANB Capital, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

168 Willow Falls Trail  
Ponte Vedra, FL 32081

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all legal business

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Aaron Bacus,                      Kristi Bacus  
President                              Secretary/Treasurer  
168 Willow Falls Trail    168 Willow Falls Trail  
Ponte Vedra, FL 32081    Ponte Vedra, FL 32081

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Aaron Bacus  
168 Willow Falls Trail  
Ponte Vedra, FL 32081

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Aaron Bacus  
168 Willow Falls Trail  
Ponte Vedra, FL 32081

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
9/10/2010  
Date  
\_\_\_\_\_  
9/10/2010  
Date