

*P150001761863*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000176186 3)))



H150001761863ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813)435-3176  
Fax Number : (713)429-1276

15 JUL 20 PM 4:14

\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL 20 AM 8:55

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**FAB 4 Properties, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: FAB 4 Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4112 BUENA VISTA DR. SOUTH
ELLENTON, FLORIDA 34222

Mailing address, if different is:
4112 BUENA VISTA DR. SOUTH
ELLENTON, FLORIDA 34222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 'Any and all lawful business'

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares at 10 cents par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT B. SHARAPATA PRESIDENT
Address: 4112 BUENA VISTA DR. SOUTH
ELLENTON FLORIDA 34222

Name and Title: SCOTT B. SHARAPATA Director
Address: 4112 BUENA VISTA DR. SOUTH
ELLENTON FLORIDA 34222

Name and Title: BRIAN N. HENDEL V.P.
Address: 4112 BUENA VISTA DR. SOUTH
ELLENTON FLORIDA 34222

Name and Title: BRIAN N. HENDEL Director
Address: 4112 BUENA VISTA DR. SOUTH
ELLENTON FLORIDA 34222

Name and Title: CARRIE L. SHARAPATA SECRETARY
Address: 4112 BUENA VISTA DR. SOUTH
ELLENTON FLORIDA 34222

Name and Title: CARRIE L. SHARAPATA Director
Address: 4112 BUENA VISTA DR. SOUTH
ELLENTON FLORIDA 34222

FILED
JUL 20 2015
STATE OF FLORIDA
COUNTY OF ST. LUCAS

Name and Title: SHERRI L. PROCTOR TREASURER

Address: 4112 BUENA VISTA DR. SOUTH  
ELLENTON FLORIDA 34222

Name and Title: SHERRI L. PROCTOR Director

Address: 4112 BUENA VISTA DR. SOUTH  
ELLENTON FLORIDA 34222

**ARTICLE VI REGISTERED AGENT**

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

Name: The Law Offices of Nick Spradlin, PLLC  
Address: 2202 N. WEST SHORE BLVD. #200  
TAMPA, FLORIDA 33607

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: The Law Offices of Nick Spradlin, PLLC  
Address: 2202 N. WEST SHORE BLVD. #200  
TAMPA, FLORIDA 33607

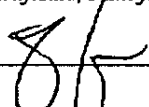
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

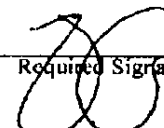
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

FILED  
5 JUN 20 4:38:53 PM  
TALLAHASSEE, FLORIDA  
07/17/2015  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

07/17/2015  
Date