

F010000002249

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Able, Inc.
(Name of corporation - must include suffix)

900003972279--9
-04/09/01--01060--006
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James A. Eatrides
(Name of Person) W01-8251

(Firm/Company)

700 Lyons Lane
(Address)

Longboat Key, FL 34228
(City/State and Zip code)

For further information concerning this matter, please call:

James A. Eatrides at (941) 387-3008
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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01 APR 27 PM 1:15
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TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

6P



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 11, 2001

JAMES A. EATRIDES
700 LYONS LANE
LONGBOAT KEY, FL 34228

SUBJECT: ABLE, INC.
Ref. Number: W01000008251

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TALLAHASSEE FLORIDA

We have received your document for ABLE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return 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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 701A00021628

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Pamela B. Eatrides, do hereby certify
(Name)

that this Resolution of the Board of Directors of Able, Inc.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Maryland

was duly adopted on 04/19/01

Be it resolved, that Able, Inc.
(Corporate Name)

organized and existing in the State of Maryland, hereby adopts the name

Abel, Inc. for use in Florida.

Dated: 04/19/01

Pamela B. Eatrides
Signature of either Chairman, Vice Chairman or any officer

Pamela B. Eatrides, President
Type or print name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Able, Inc
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Maryland 3. 521712154
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/18/1990 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 700 Lyons Lane, Longboat Key, FL 34228
(Principal office address)
- P.O. Box 69, Bradenton Beach, FL 34217
(Current mailing address)

8. Advertising
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)


9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: James A. Eatrides

Office Address: 700 Lyons Lane
Longboat Key, Florida 34228
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: James A. Eatrides

Address: 700 Lyons Lane
Longboat Key, FL 34228

Vice Chairman: _____

Address: _____

Director: Pamela B. Eatrides

Address: 700 Lyons Lane
Longboat Key, FL 34228

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Pamela B. Eatrides

Address: 700 Lyons Lane
Longboat Key, FL 34228

Vice President: _____

Address: _____

Secretary: Pamela B. Eatrides

Address: same as above

Treasurer: Pamela B. Eatrides

Address: same as above

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Pamela B. Eatrides, President

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO CORPORATIONS CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ACCORDING TO THE RECORDS OF THIS DEPARTMENT ABLE, INC. FILED ITS ARTICLES OF INCORPORATION, WHICH HAVING BEEN RECEIVED AND APPROVED FOR RECORD BY THIS DEPARTMENT ON JANUARY 18, 1990.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 20, 2001.

Paul B. Anderson

Paul B. Anderson
Charter Division

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01 APR 27 PM 1:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

