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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 Fax Number : (305)675-5944

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

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION AKINS AND ASSOCIATES INC

Certificate of Status	0
Certified Copy	1
Page Count	63
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

Abins and Associates Inc.			
ARTICLE II PRINCIPAL OFFICE			
The principal street address and mailing address is:			
10100 W. Sample Prood			
Coral Springs, Fl 33065			
RTICLE III SHARES: The number of shares of stock is:			
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:			
Anthony Criz (president)			
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	SLORETARY OF	19 JUL 26 PI	
he name and Florida street address (PO Box not acceptable) of the registered agent is:	SLORETARY OF ST	JUL 26	. !
he name and Florida street address (PO Box not acceptable) of the registered agent is:	MURETARY OF STATE	JUL 26	. !
he name and Florida street address (PO Box not acceptable) of the registered agent is: Anthony Croz. John W. Souple Pind	MURETARY OF STATE	JUL 26 PH 5:0	
he name and Florida street address (PO Box not acceptable) of the registered agent is:	SCORETARY OF STATE	JUL 26 PH 5:0	. ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
he name and Florida street address (PO Box not acceptable) of the registered agent is: Anthony Croz. John W. Souple Pind	MUNICHETARY OF STATE	JUL 26 PH 5:0	. !
The name and Florida street address (PO Box not acceptable) of the registered agent is: Anthony Cruz Lolov W. Souple Rind Coxal Springs, FL 33365	SCORETARY OF STATE	JUL 26 PH 5:0	
The name and Florida street address (PO Box not acceptable) of the registered agent is: Anthony Croz. Lolov W. Souple Pind. Coxal Springs + FL 33 You ARTICLEVI PROPREDRATOR: The name and address of the Incorporator is:	BLORETARY OF STATE	JUL 26 PH 5:0	. ! !

Required Signatures:

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

Registered Agree / 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.

de Cura de la Composition