

F15000003862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

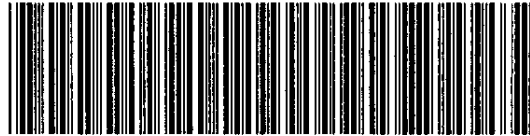
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SEP -2 2015

N. CAUSSEAU

Robin M. Gronsky
Attorney at Law
315 North Pleasant Avenue
Ridgewood, New Jersey 07450
RGronsky@GronskyLaw.com

(201) 251-8001

Fax (201) 701-0407

August 28, 2015

Via Overnight Mail

Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ABS Financial, Inc.

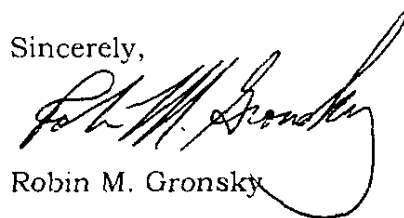
Dear Sir or Madam:

Please be advised that I represent the above-referenced corporation.

Enclosed are their Application by Foreign Corporation for Authorization to Transact Business in Florida, a Certificate of Good Standing from Ohio, and my firm's check number 1952, in the amount of \$78.75, in payment of the filing fee and certificate of status.

If you have any questions, please do not hesitate to call me.

Sincerely,



Robin M. Gronsky

RMG:mrn
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations
ABS Financial Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:
Robin M. Gronsky, Esq.

_____	Name of Person
Gronsky Law Office	
_____	Firm/Company
315 N. Pleasant Avenue	
_____	Address
Ridgewood, NJ 07450	
_____	City/State and Zip code
rgronsky@gronskylaw.com	

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

For further information concerning this matter, please call:

Robin M. Gronsky, Esq.	201	251-8001
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

**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.*

ABS Financial Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Ohio 31-1814720

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/29/2001 Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

2802 SW 47th Terrace, Cape Coral, FL 33914

7. _____
(Principal office address)

Same

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

JB Broughton

Name: _____

2802 SW. 47th Terrace

Office Address: _____

Cape Coral

33914

(City)


, Florida

(Zip code)

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TALLAHASSEE, FLORIDA

9. 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.

X  _____
(Registered agent's signature)

10. 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.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ABS FINANCIAL INC., an Ohio corporation, Charter No. 1274911, having its principal location in Zanesville, County of Muskingum, was incorporated on November 29, 2001 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of August, A.D. 2015.

Jon Husted

Ohio Secretary of State

SECRETARY OF STATE
JON HUSTED, FLORIDA

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

A. DIRECTORS

JB Broughton
Chairman: _____
2802 SW 47th Terrace
Address: _____
Cape Coral, FL 33914

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

JB Broughton
President: _____
2802 SW 47th Terrace
Address: _____
Cape Coral, FL 33914

Vice President: _____
Address: _____

JB Broughton
Secretary: _____
2802 SW 47th Terrace, Cape Coral, FL 33914
Address: _____

JB Broughton
Treasurer: _____
2802 SW 47th Terrace, Cape Coral, FL 33914
Address: _____

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

12. ☒ JB Broughton Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

JB Broughton, President
13. _____
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE