

N 000000006069

TRANSMITTAL LETTER

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

300003166749--7  
-03/13/00--01075--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** ABC Services, Incorporated  
(Proposed corporate name - must include suffix)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Elizabeth Blake  
Name (Printed or typed)  
915 Middle River Drive Suite 204  
Address  
Ft. Lauderdale, FL 33304  
City, State & Zip  
954 566-0388  
Daytime Telephone number

00 SEP 13 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SEP 13 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 20, 2000

ELIZABETH BLAKE  
915 MIDDLE RIVER DRIVE  
SUITE 204  
FT. LAUDERDALE, FL 33304

SUBJECT: ABC SERVICES, INCORPORATED  
Ref. Number: W00000007306

We have received your document for ABC SERVICES, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 487-6926.

Cheryl Gallmon-Case  
Document Specialist

Letter Number: 400A00015136

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ Assessment & Training Services, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

915 Middle River Drive Suite 204  
Ft. Lauderdale, FL 33304

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is(are):

to provide educational assessment training programs to individuals, non-profit agencies, state and federal employees.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is:

annual election.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Hilda Besner  
915 Middle River Drive Suite 204  
Ft. Lauderdale, FL 33304

FILED  
00 SEP 13 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Elizabeth Blake  
915 Middle River Drive Suite 204  
Ft. Lauderdale, FL 33304

Resubmitted: 9/11/00

*Elizabeth Blake*

*3/10/00*

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

*Hilda Besner*

Signature/Registered Agent

*March 10, 2000*

Date