PODD DOOD STANSMITTAL LETTER \$ 52

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

P. O. Box 6327		=======================================	当る当
Tallahassee, FL 32314			SI PER
SUBJECT: THE ABAC (Proposed corp.)	Ocrate name - must include sur	INC.	ED 9: 35
	•	100003116 -01/31/00 *****87.50	·01094018
Enclosed is an original and one(1) copy of the artic	cles of incorporation and a	a check for :	ī
□ \$70.00 □ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: WILLIAM F. Name (ADDITIONAL CO	PY REQUIRED	
1201 N.E.	14 th AVENUE, Address	UNIT-#1	
FT. LAUDERD.	ME FZ 3330 v, State & Zip	4	·
954-83	2-9288		

FEB 3 1999

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

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I	NAME
The name of t	he corporation

THE ABACUS EXCHANGE, IN

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

1201 N.E. 14th AVENUE

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500 , NO PAR VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHARLES KANTROWITZ 1201 N.E. 14# AVE, UNITH! FT. LAUDERDALE, FL 33304

INCORPORATOR

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

WILLIAM F. EWING, III 1201 N.E. 144 AVENUE, UNIT#1 FT. LAUDERDALE, FL 33304

(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

Signature/Registered Agent