

PO0000012666

TRANSMITTAL LETTER

FILED

00 JAN 14 PM 2: 06

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800003099176--8
-01/14/00--01074--007
*****78.75 *****78.75

SUBJECT: PBSS, INC.
PBS, Inc.

(Proposed corporate name - must include suffix)

800003099176--8
-01/14/00--01074--007
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: CAROL SHERMAN
Name (Printed or typed)

103 Cheyenne Avenue
Address

Interlachen, FL 32148
City, State & Zip

(904) 684-3385
Daytime Telephone number

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

~~W 1920~~
PH 2/4/2000 ✓



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 24, 2000

CAROL SHERMAN
103 CHEYENNE AVE
INTERLACHEN, FL 32148

SUBJECT: PBS, INC.
Ref. Number: W00000001920

We have received your document for PBS, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 000A00003168

MS. HALL - I have changed the corp. name from PBS to
ABSS, Inc.
Would you please have my initial date
received my initial date filed. You may contact
me by phone or fax at (904) 684-3385.

Thank you,

CAROL SHERMAN
Carol Sherman

FILED

ARTICLES OF INCORPORATION

00 JAN 14 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, CAROL SHERMAN, does hereby execute and acknowledge the following Articles of Incorporation:

1. The name of the corporation is PBSS, Inc.

The general purpose for which the corporation is the transaction of any and all lawful business for which corporations may be incorporated under Chapter 607.0301, Florida Statutes.

2. The principal place of business and mailing address of the corporation's initial registered office is 103 Cheyenne Avenue, Interlachen, Putnam County, Florida 32148.

3. The aggregate number of shares which the corporation shall have authority to issue one hundred (100) shares of One Dollar (\$1.00) par value common stock.

4. The name and address of its initial registered agent is CAROL SHERMAN at 103 Cheyenne Avenue, Interlachen, Putnam County, Florida 32148. The address of the corporation's initial registered office is 103 Cheyenne Avenue, Interlachen, Putnam County, Florida 32148. The registered office and principal office address are the same.

5. The name and address of the subscriber of these Articles of Incorporation are:

Carol Sherman
103 Cheyenne Avenue
Interlachen, FL 32148
Putnam County, Florida

Carol Sherman
CAROL SHERMAN
Signature/Incorporator

2/1/00
DATE

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, Florida Statutes, the following is submitted:

First, that PBSS, INC. desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 103 Cheyenne Avenue, Interlachen, Putnam County, Florida 32148, as its agent to accept service of process within Florida.

Carol Sherman
CAROL SHERMAN
Signature/Director

2/1/00
DATE

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.

Carol Sherman
CAROL SHERMAN
Signature/Registered Agent

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TALLAHASSEE FLORIDA
2/1/00
DATE