

P000000014199

TRANSMITTAL LETTER

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

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-02/04/00--01058--006
*****87.50 *****87.50

SUBJECT: ABC DEVELOPMENT CORPORATION OF SOUTHWEST FLORIDA
(Proposed corporate name - must include suffix)

Enclosed is an original and two(2) copy of the articles of incorporation and a check for :

\$87.50
Filing Fees,
Certified Copy
& Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Olena Borysenko
Name (Printed or typed)
4055 S. Tamiami Trail, Suite 33
Address
Port Charlotte, FL 33952
City, State & Zip
941 629-4444
Daytime Telephone number

FILED
00 FEB - 4 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

✓
T BROWN FEB - 9 2000

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 the corporation shall be:

ABC DEVELOPMENT CORPORATION OF SOUTHWEST FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

4055 S. Tamiami Trail, Suite 33
Port Charlotte, FL 33952

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Olena Borysenko
4055 S. Tamiami Trail, Suite 33
Port Charlotte, FL 33952

ARTICLE V INCORPORATOR

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

Olena Borysenko
4055 S. Tamiami Trail, Suite 33
Port Charlotte, FL 33952

Olena Borysenko
Signature/Incorporator

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

Olena Borysenko
Signature/Registered Agent

2/1/00
Date

FILED
00 FEB -4 PM 3:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA