

PD10000043436

TRANSMITTAL LETTER

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

300004084533--8  
-04/27/01--01041--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: ARB CAPITAL CORP  
(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: JOSEPH BOYLAN  
Name (Printed or typed)

600 BYPASS DRIVE SUITE 104  
Address

CLEARWATER FL 33764  
City, State & Zip

727-796-4970  
Daytime Telephone number

FILED  
2001 APR 27 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

5/1/01

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

ARB CAPITAL CORP

### ARTICLE II PRINCIPAL OFFICE

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

600 BYPASS DRIVE  
SUITE 104  
CLEARWATER FL 33764

### ARTICLE III SHARES

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

6000 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEPH BOYLAN  
600 BYPASS DRIVE SUITE 104  
CLEARWATER FL 33764  
727 796 4970

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOSEPH BOYLAN  
COG BYPASS DRIVE SUITE 104  
CLEARWATER FL 33764

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25 day of APRIL, 2001.

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



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is ARB CAPITAL CORP

2. The name and address of the registered agent and office is:

JOSEPH BOYLAN  
(NAME)  
600 BYPASS DRIVE SUITE 104  
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)  
CLEARWATER FL 33764  
(CITY/STATE/ZIP)

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*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.*

Joseph Boylan  
(SIGNATURE)

4/25/01  
(DATE)