## POLOCO 46359 (SAMPLE LETTER OF TRANSMITTAL)

DATE

FILED

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 O1 MAY -4 AM II: II SECRETART OF STATE TALLAHASSEE, FLORIDA

	Re:	A.BREN-	T INC. me of Corporation)	,Li	nc.	- <del>= .</del>
Gentlemen:		,				
Enclosed please find the check in the amount of	he original an f \$78.75	d one copy o	f the Articles of Inco	orporation, tog	ether with my	
This represents the co Registered Agent Des	st of the Filingignation for the	g Fees, Certif ne above nam	ied Copy of Articlesed corporation.	s of Incorporati	ion and Fee fo	r
		Ver	ry truly yours.	70000 -05, ***	141366: /04/010106 ***78.75 **	975 88-019 ****78.75
			_ Cithu	B. Z.Jeldon (Individual's Na	ume)	<u></u> , : स्ट
	<del>.</del>	• • •	_A·Br	スピルT (Name of Corpora	/wc	
			/025 S.W.	DRESS OF COF		
			PORT SAINT D	- PHONE -	34953	

Ext.

33<u>6-4059</u>

Number

(5(1) Area Code

## ARTICLES OF INCORPORATION

	of	
A. BRENT INC.		
(name c	of corporation)	
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:	ation under the Florida Business	Corporation Act, adopt(s)
ARTICLE I - C	CORPORATE NAME	
The name of the corporation is:		TASE OF
A.BRENT INC.		FR 3 T
ARTICLE  This corporation shall exist perpetually unless dissolved	II - DURATION l according to Florida law.	-4 MII: 1
ARTICLE	III - PURPOSE	
The corporation is organized for the purpose of engaging United States and the State of Florida.	g in any activities or business pe	rmitted under the laws of the
ARTICLE IV  The corporation is authorized to issue500share	- CAPITAL STOCK es of common stock, par value \$	/.00 per share.
ARTICLE V - INITI The street address of the initial principal office and, if di	AL PRINCIPAL OFFICE ifferent, the mailing address is:	••
STREET ADDRESS /025 S.W. MATORCA AV	E	<u></u>
CITY PORT SAINT LUCIE	FLORIDA	ZIP 34953
Mailing address, if different		
STREET ADDRESS	<u> </u>	
		as blanche.
CITY	FLORIDA	ZIP
	ISTERED OFFICE AND AGE	
NAME April 10 R April	i me name of the initial registr	ered agent at the office is:
WKIHUK D. WELDON	<u> </u>	<u></u>
ADDRESS 1025 S.W. MAJORCA AVI		
CITY PORT SAINT LUCIE	FLORIDA	ZIP 34953

ARTICLE VII - INITL	AL BOARD OF DIRECTORS	
This corporation shall have(	) directors initially. The	number of directors may be
either increased or diminished from time to time by the By-l	Laws, but shall never be less than o	one (1). The names and
addresses of the initial director(s) of the corporation are as for	ollows:	
NAME ARTHUR B. WELDOW	. 4.4	<i>c</i>
ADDRESS /025 S.W. MAJORCA AVE		
CITY PORT SAINT LUCIE 1	STATE FLORIDA	ZIP 34753
NAME FLIZABETH D. WELLOW	•	
ADDRESS /025 S.W. MAJORCA AVE.		
CITY PORT SAINT LUCIE	STATE FLORIDA	ZIP 34953
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTICLE VIII	- INCORPORATORS	
The names and addresses of the incorporators signing these		lows:
NAME	-	
ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these A	articles of Incorporation this	Mondy-1
	, <del>19_2001</del> .	
		<u>-</u>
	Cuthus B. 21 Idan	(Signature)
<b></b>	Elijabeth D. Wel	(
<u></u>	Clijabeth V. Wel	Signature)

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

A.BRENT INC.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered offic
as indicated in the Articles of Incorporation
•
at 1025 S.W. MAJORCA AVE.  PORT SAINT LUCIE FLORIDA 34953
has named ARTHUR B. WELLOW
located at the aforesaid address, as its registered agent to accept service of process within this
state.
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 regis-
tered 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) 4-30-0/ (Date)
(Signature) (Date)