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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.
Account Number : I19990000058
Phone : (954) 753-6042
Fax Number : (954) 753-1123

STATE OF FLORIDA
TALLAHASSEE

2002 AUG 29 AM 8:36

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FLORIDA PROFIT CORPORATION OR P.A.

ABC WORKSHOP PROPERTIES OF CORAL SPRINGS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

8/29/02
8/30/02

Aug.29. 2002 12:49PM

SIEGELAUB, LIEBERMAN AND ASSOC.

No.2933 P. 2/5

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

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

ARTICLE ONE

NAME

The name of the corporation shall be:

ABC Workshop Properties of Coral Springs, Inc.

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

7720 Kimberly Boulevard
N. Lauderdale, Florida 33068

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.
9690 W. Sample Road SUITE 202
CORAL SPRINGS, FL 33065
(954) 753-2222

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ARTICLE THREE
CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:
Edma Salamon
7720 Kimberly Boulevard
N. Lauderdale, Florida 33068

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:
Edma Salamon
7720 Kimberly Boulevard
N. Lauderdale, Florida 33068

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The undersigned has executed these Articles of Incorporation. This 29th day of August.

Signature: 

Date: 8/29/02

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

1. The name of the corporation is:
ABC Workshop Properties of Coral Springs, Inc.

2. The name and address of the registered agent

Edna Salamon
7720 Kimberly Boulevard
N. Lauderdale, Florida 33068

Signature: 

Date: 8/29/02

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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: _____



Date: _____

8/29/02

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