# P02000119300



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| (Requestor's Name)                      |  |
|---|--|
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       | 11/04/0201112017 **78.75                       |
| (Business Entity Name)                  |  |
| (Document Number)                       | As a   |
| Certified Copies Certificates of Status | CONCINE  |
| Special Instructions to Filing Officer: | PILED  02 NOV -4 AM 9: 05  ECKLAHASSE: FLORIDA |
|   |  |
|   |  |

am 1117

## (SAMPLE LETTER OF TRANSMITTAL)

DATE 10-10-2002

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

Re: As Bury Sparx Enterprises, Inc.

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

ASBURY SPARXX ENTERPRISES /NC

| MAILING ADD                |                   |      | 1     |
|----------------------------|-------------------|------|-------|
| 2491 No. F.                | POELAL            | H16. | hun   |
| 1-5 H                      | 259               |      |       |
| BOCA R                     | ATOW,             | FL   | 33487 |
|                            | PHONE             |      |       |
| (561) 978-<br>Area Code Nu | 6295 <sup>-</sup> | _    | Ext.  |

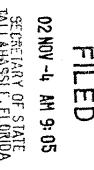
### ARTICLES OF INCORPORATION

| ASBURY CARXX ENTE   | Oursel Inc   | · · · · · · · · · · · · · · · · · · · |
|---|--|---------------------------------------|
| (name   | of corporation)  | -                                     |
| The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation |  | ss Corporation Act, adopt(s)          |
| ARTICLE I   | - CORPORATE NAME   |                                       |
| The name of the corporation is:   |  |                                       |
| As Bury Stack   | ENTELPRISES,   | TUCIO O                               |
| ·   | E II - DURATION  | NOV-4 AM 9:<br>CRETARY OF STA         |
| ARTICI  | E III - PURPOSE  | 중취 <b>3</b>                           |
| The corporation is organized for the purpose of engag<br>United States and the State of Florida.                          | ing in any activities or business p                      | permitted under the laws of the       |
| ARTICLE I   | V - CAPITAL STOCK  |                                       |
|   | ares of common stock, par value                          | \$                                    |
|   |  | por situator                          |
| ARTICLE V - INI The street address of the initial principal office and, if  | TIAL PRINCIPAL OFFICE different, the mailing address is: |                                       |
| STREET ADDRESS 2491 NONTH FROM  | en Hillus  |                                       |
| 1-5 # 259   | The state of   |                                       |
| CITY BOCA RATION  | FLORIDA  | ZIP 33482                             |
| Mailing address, if different   |  |                                       |
| STREET ADDRESS  | <u> </u>   |                                       |
| N/1/4   |  |                                       |
| CITY  | FLORIDA  | ZIP                                   |
| ARTICLE VI - INITIAL RE   | GISTERED OFFICE AND AG                                   | GENT                                  |
| The street address of the initial registered office a   | and the name of the initial regi                         | stered agent at the office is:        |
| NAME Thomas MAGALETTA   |  |                                       |
| ADDRESS 159 NW 70 ST  |  |                                       |
| CITY BOCA PATON   | FLORIDA  | ZIP 33487                             |

#### ARTICLE VII - INITIAL BOARD OF DIRECTORS

| NAME / homys MADALISTA  ADDRESS 159 NW 70 ST.  CITY BOCA RATON STAT  NAME  ADDRESS  CITY STAT  NAME  ADDRESS  CITY STAT  |             |                  | ZIP 33497 |
|--|-------------|------------------|-----------|
| CITY BOCA RATON STATE  NAME  ADDRESS  CITY STATE  ADDRESS  CITY STATE  S |             |                  |           |
| NAME ADDRESS CITY STATE  ADDRESS CITY STATE  |             |                  |           |
| ADDRESS CITY STATE NAME ADDRESS CITY STATE   | TE i        |                  | ZIP       |
| CITY STATE  NAME  ADDRESS  CITY STATE  | TE ;        |                  | ZIP       |
| NAME ADDRESS CITY STA  | TE          |                  | ZIP       |
| ADDRESS CITY STA   | i           |                  |           |
| CITY STA   | 1           |                  |           |
|  | <del></del> | <u> </u>         |           |
|  | TE ;        |                  | ZIP       |
| ARTICLE VIII - INCORP  | PORATORS    | S                |           |
| The names and addresses of the incorporators signing these Articles of I   | ncorporatio | n are as follows | s:        |
| NAME Thomas MAJALETTA  | i - + -     |                  |           |
| ADDRESS 159 NW 70 ST. CITY BOCK RATON STA  | :           | ·                |           |
| CITY BOCK RATON STA  | TE /        |                  | ZIP 3348  |
| NAME   |             |                  |           |
| ADDRESS MA   | <u>-</u>    |                  |           |
| CITY STA   | <b>T</b> E  |                  | ZIP       |
| NAME //  |             |                  |           |
| ADDRESS N/1  |             |                  |           |
| CITY STA   | TE          | <del>-</del>     | ZIP       |

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



ASBURY SPARAL ENTERPLISES, FIR. (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 office |
| as indicated in the Articles of Incorporation  |
| at   |

has named Thomas MAGALASTA

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 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.

(Signature)

(Date)