Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 Phone

: (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

ASBS, INC.

Certificate of Status	Û
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

OF

ASBS, Inc.

ARTICLE I - CORPORATE NAME & ADDRESS

The name and address of the corporation is ASBS. Inc. located at 5598 NW 90th Terr Sunrise, FI 33351

ARTICLE II - DURATION

The corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all-lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue ten thousand (10,000) shares of one dollar (\$1.00) per value common stock.

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for each of any new stock of this corporation of the same kind, class or scries as that which he already holds, shall have the right to purchase her pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this 5598 NW 90th Text Sunrise, FI 33351 and the name of the initial registered agent of this corporation at that address is Abe I Goloman

PREPARED BY:

Industry

ERIC YANKWITT 1975 EAST SUNRISE BLVD., SUITE 522 FT. LAUDERDALE, FLORIDA 33304 (954) 763-2829

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03 JAN 24 AM 8: 20 SECRETARY OF STATE

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE director initially. The number of Directors may be either increased of diminished from time to time by the Bylaws but shall never be less than one. The name and address of the initial director of this corporation is:

NAME: Abe I Golcman

ADDRESS: 5598 NW 90th Terr Sunrise, Fl 33351

VIII - INCORPORATOR

The name and address of the person signing these Articles is Abe I Goloman 5598 NW 90th Terr Sunrise, Fl 33351

ARTICLE IX - INDEMNIFICATION

The corporation shall indomnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 24 Day of Tanany, 2002

X

Abe I Goleman

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.34 of the Florida Statutes, the following is submitted, in compliance with said act:

First that ASBS. Inc. desiring to organize under the laws of the State of Florida with its principle office, as indicated in the Articles of Incorporation at the City of Ft. Lauderdale, County of BROWARD, State of Florida has named Abe I Goloman located at 5598 NW 90th Terr Sunrisc, Fl 33351, county of BROWARD, State of Florida, as its agent to accept service of process within the state.

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ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of the said act relative to keeping open said office



Abel Goloman, Registered Agent

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, a Notary Public authorized to take acknowledgments in the state and county set forth above, personally appeared Abe I Goleman, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, or who has produced identification as shown below and did take an oath and who acknowledged his/her execution of the foregoing Articles of Incorporation to be his/her free act and deed.

IN WITNESS WHEREOF. I have become ast my hand and affixed my seel, in the state and county aforesoid this? day of January 2003

Carol Leininger
Commission at POINCE

ROTARY PUBLIC, STATE OF FLORIDA AT LARGE

NOTARY PLEASE CHECK ONE:

() PERSON SIGNING DOCUMENT PERSONALLY KNOWN TO ME.

WE PERSON SIGNING DOCUMENT PROVIDED THE FOLLOWING FORM OF IDENTIFICATION

TYPE: Portida Dr. Lic & G-42506949 1930

SERIAL TYPE:

SERIAL NUMBER:

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