

PO3000044321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

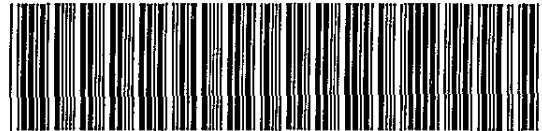
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 APR 18 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3000044321

**TRANSMITTAL LETTER**

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

SUBJECT: ABLE ADVISORY INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: DAVID F. YOUNG  
Name (Printed or typed)

700 ELEVENTH STREET SOUTH PH2  
Address

NAPLES FLORIDA 34102-6777  
City, State & Zip

786 417 8910  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the corporation shall be:

**ABLE ADVISORY INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**700 ELEVENTH STREET SOUTH PH2  
NAPLES FLORIDA 34102-6777**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ALL LAWFUL PURPOSES**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100 SHARES COMMON STOCK  
AT \$1,000.00 PAR VALUE**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ANTHONY R. ABLE, SOLE DIRECTOR  
ANTHONY R. ABLE, PRESIDENT; VESNA ABLE, VICE-  
PRESIDENT-SECRETARY; DAVID F. YOUNG, VICE-  
PRESIDENT-ASS'T SECRETARY, ASS'T TREASURER;**

**ARTICLE VI REGISTERED AGENT JENNY L. MAREK, TREASURER**

The name and Florida street address of the registered agent is:

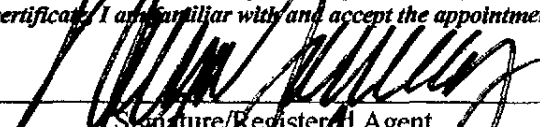
**DAVID F. YOUNG 700 ELEVENTH STREET SOUTH PH2  
NAPLES, FLORIDA 34102-6777**

**ARTICLE VII INCORPORATOR**

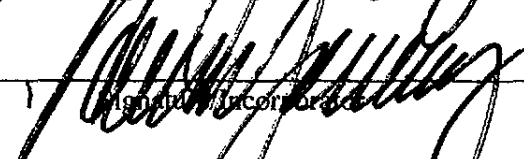
The name and address of the Incorporator is:

**DAVID F. YOUNG 700 ELEVENTH STREET SOUTH PH2  
NAPLES, FLORIDA 34102-6777**

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

**16 APRIL 2003**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**16 APRIL 2003**  
\_\_\_\_\_  
Date