

P03000075428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

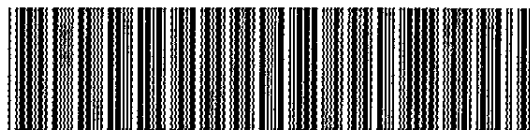
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500019852385

08/26/03--01049--006 **78.75

FILED

03 JUL -9 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

603-17526

Am 7/10

TRANSMITTAL LETTER

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

SUBJECT: AB Multi-Services, 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: Serge R Dazile

Name (Printed or typed)

5460 N State Rd 7 #108

Address

Tamarac, Fl 33319

City, State & Zip

(954) 667-6986

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 27, 2003

SERGE R DAZILE
5460 N S.R. 7 #108
TAMARAC, FL 33318

SUBJECT: AB MULTI-SERVICES, INC.
Ref. Number: W03000018526

We have received your document for AB MULTI-SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 303A00039148



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 7, 2003

SERGE R DAZILE
5460 N S.R. 7 #108
TAMARAC, FL 33318

SUBJECT: AB FAMILY MULTI-SERVICES, INC.
Ref. Number: W03000018526

We have received your document for AB FAMILY MULTI-SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 303A00039148

**Article of Incorporation
Of
AB Family Multi-Services, Inc.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida business corporation Act, hereby adopt(s) the following articles of incorporation.

Article I - Name

The name of the corporation shall be AB Family Multi-Services, Inc.

Article II - Principal Office

The principal place of business and mailing address of this corporation shall be:

501 NE 13 Street - Fort Lauderdale, Fl 33311

Article III - Purpose

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

Article IV - Existence

This corporation shall commence its existence effective upon receipt of these articles of incorporation.

Article V - Capital Stock

This corporation is authorized to issue one thousand (1000) shares of one (1) dollar par value common stock which shall be designated "Common Shares".

Article VI - Initial Board of Directors

The corporation shall initially have a president and Vice president who shall also serve as directors to hold office until the first annual meeting of stockholders, and their successors shall have been duly elected and qualified, or until their earlier resignation, removal from office or death. The number of directors may be either increased or decreased from time to time according to the By-laws. The name and address of the directors are as follows:

FILED
JUL - 9 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title: Pres.
Bernard B. Despinosse
6590 NW 20th Ct
Sunrise, Fl 33313

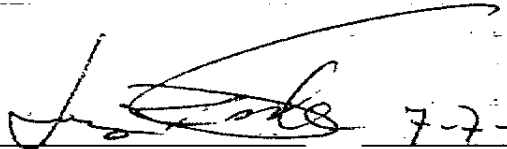
Title: V. Pres.
Arneaud Pierre
152 NE 38th Street Apt 96
Oakland Park, Fl 33334

Article VII - Initial Registered Agent

The name of the initial registered agent is Serge R Dazile.
The address is 5460 North State Rd 7 #108, Tamarac, Fl
33319.

Article VIII - Incorporators

The name and address of the person signing these articles
of Incorporation is: _____

_____ Serge R Dazile _____		7-7-03
Print Name	Signature	Date
5460 N. State Rd 7 #108 Tamarac, Fl 33319		

Article IX - 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.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED

In compliance with section 607.0501, Florida statutes, the undersigned corporation, organized under the law of the state of Florida, submits the following statement designating the registered office/registered agent, in the state of Florida.

The corporation AB Family Multi-Services, Inc. desiring to organize or qualify under the laws of the state of Florida, has named Serge R Dazile at 5460 N State Rd 7 #108, Tamarac 33319, as agent to accept service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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

7-7-03
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL -9 AM 9:29

FILED