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### TRANSMITTAL LETTER

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

SUBJECT: PABI	LT, INC. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	• • • • • • •
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	
FROM: M	ary M. Earnest	e (Printed or typed)		a. Organia
	500 SE 15th Street, Suite	106 Address		, 14 m j 25m
	Fort Lauderdale, FL 3331	6 y, State & Zip	<del> </del>	e e e e
	(954) 525-5644	Telephone number		 •. <u>≙c.</u> •~

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

# ARTICLES OF INCORPORATION

## OF

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PABLT, INC

SECRETARY OF STATE TALLAHASSEE FLORID.

ARTICLE I. CORPORATE NAME.

The name of this corporation is PABLT, INC.

#### ARTICLE II. NATURE OF BUSINESS AND POWERS.

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

#### ARTICLE III. CAPITAL STOCK.

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is 100 shares of common stock with one dollar (\$1.00) par value.

#### ARTICLE IV. TERM OF EXISTENCE.

This Corporation shall have perpetual existence, commencing upon filing of these articles.

#### ARTICLE V. MAILING ADDRESS.

The address of the principal office of the corporation is 1509 S. UNIVERSITY DR., Plantation FL33324 and the mailing address of the corporation is 1509 S. UNIVERSITY DR Plantation, FL33324.

#### ARTICLE VI. REGISTERED AGENT AND INITIAL REGISTERED OFFICE.

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

#### MICHAEL LUTZ

#### 1509 S. UNIVERSITY DR., Plantation, FL 33324

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

#### ARTICLE VII. BOARD OF DIRECTORS.

This Corporation shall have five (5) director(s) initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one.

#### ARTICLE VIII. INITIAL DIRECTOR.

The name(s) of the initial director(s) of this Corporation and their street addresses are:

MICHAEL LUTZ, 1509 S. UNIVERSITY DR., Plantation FL 33324 LEONARD PETERS, 1509 S. UNIVERSITY DR., Plantation FL 33324 SOL BAUM, 1509 S. UNIVERSITY DR., Plantation FL 33324 MAX TRUNIGER, 1509 S. UNIVERSITY DR., Plantation FL 33324 HANAN ABDO, 1509 S. UNIVERSITY DR., Plantation FL 33324

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

#### ARTICLE IX. INCORPORATOR.

The name and street address of the person signing these Articles of Incorporation as the Incorporator is: MICHAEL LUTZ, 1509 S. UNIVERSITY DR., Plantation, FL 33324

#### ARTICLE X. AMENDMENT.

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

#### ARTICLE XI. INDEMNIFICATION.

The Corporation shall indemnify any officer or Director, or any former officer, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of

Incorporation on the day of	
	MICHAEL LUTZ
CTATE OF SLODIDA	(
STATE OF FLORIDA COUNTY OF BROWARD	•
I HEREBY CERTIFY that on this day, before me, an	officer duly authorized in the State aforesaid and in the
County aforesaid to take acknowledgments, personally appear	red MICHAEL LUTZ, who has produced [type of
identification] FLA. Divics License, [Number]	dentification and who did not
take an oath.	<i>h</i> .
Witness my hand and official seal in the County and S	State last aforesaid this 15 day of
October 20 03.	1111.1
MARY M. EARNEST	MW.
MY COMMISSION # DD 186322 EXPIRES: April 28, 2007	(Signature of Notary Public)
Bonded Thru Notary Public Underwriters	MARY M. BARNEST
<u> </u>	(Name of Notary Public typed, printed
	stamped) Notary Public, State of Florida

My commission expires: 4/28/2007

DESIGNATION AND ACCEPTANCE

IN COMPLIANCE with Section 48.091, Florida Statutes, the following is submitted:

That PABLT, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at 1509 S. UNIVERSITY DR., Plantation FL 33324, County of Broward, State of Florida, has named MICHAEL LUTZ, located at 1509 S. UNIVERSITY DR Plantation FL 33324, Broward County, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-named Corporation, at the place designated in this certificate, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Florida law relative to keeping the designated office open.

Date: 10/15/2003

MICHAEL LUTZ, Registered Agent

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CECRETARY OF SABIDA