

P04000008099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

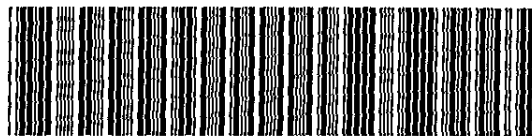
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-11-12

TRANSMITTAL LETTER

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

SUBJECT: ABI OF PASCO, INC

*FEDERAL TAX ID #593410760*  
(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: JAMES A WITTENBURG

Name (Printed or typed)

7400 MAKO DRIVE

Address

HUDSON FL 34667

City, State & Zip

727 861 2279

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)

## ARTICLE I NAME

The name of the corporation shall be:

ABI OF PASCO INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7400 MAKO DRIVE  
HUDSON FL 34667

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JAMES A WITTENBURG SR (P)  
JAMES A WITTENBURG JR (VP)  
7400 MAKO DRIVE  
HUDSON FL 34667

## ARTICLE VI REGISTERED AGENT

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

JAMES A WITTENBURG SR  
7400 MAKO DRIVE  
HUDSON FL. 34667

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES A WITTENBURG SR  
7400 MAKO DRIVE  
HUDSON FL. 34667

\*\*\*\*\*  
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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date