

P0400003055/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

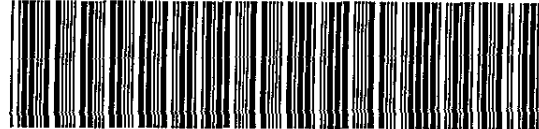
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

02/

TRANSMITTAL LETTER

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

SUBJECT: ABACUS FINANCIAL 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: ABACUS FINANCIAL INC
Name (Printed or typed)

873 S TAMiami TRAIL, SUITE 500
Address

OSPREY, FL 34229
City, State & Zip

941-918-0093
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:

ABACUS FINANCIAL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

873 S TAMiami TRAIL, STE 500
OSPREY, FL 34229

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS AS PROVIDED BY FLORIDA STATUTE

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BEN MARICH, DIRECTOR, 5764 ASHTON LAKE DR, SARASOTA, FL 34231
SARAH MARICH, DIRECTOR, 5764 ASHTON LAKE DR, SARASOTA, FL 34231
MARK SMITH, DIRECTOR, 5764 ASHTON LAKE DR, SARASOTA, FL 34231

ARTICLE VI REGISTERED AGENT

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

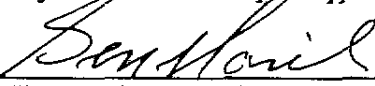
BEN MARICH
873 S TAMiami TRAIL
SUITE 500
OSPREY, FL 34229

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BEN MARICH
873 S TAMiami TRAIL
SUITE 500
OSPREY, FL 34229

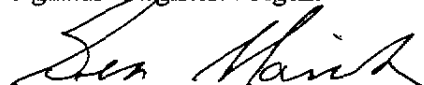
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

02/06/04

Date



Signature/Incorporator

02/06/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA