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04 OCT 12 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TH 10/12/04

## TRANSMITTAL LETTER

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

**SUBJECT:** ABS CHIPSAWAY 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:** THOMAS J DEGNAN

Name (Printed or typed)

PO BOX 503

Address

EAST PETERSBURG PA 17520

City, State & Zip

(717)560-9774

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)

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TALLAHASSEE FLORIDA

### ARTICLE I - NAME

The name of the corporation shall be:

ABS CHIPSAWAY INC.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is:

1009 N.W. 4TH AVE  
DELRAY BEACH, FL 33444

### ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

AUTOMOTIVE SERVICES

### ARTICLE IV - SHARES

The number of shares of stock is:

100,000

### ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

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

THOMAS J. DEGNAN - PRESIDENT  
PO BOX 503  
EAST PETERSBURG PA 17520

JAMES W. DEGNAN - SECRETARY  
1009 N.W. 4TH AVE  
DELRAY BEACH, FL 33444

COLIN T. DEGNAN - VICE PRESIDENT  
1009 N.W. 4TH AVE, DELRAY BEACH, FL 33444

### ARTICLE VI - REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

COLIN T. DEGNAN  
1009 N.W. 4TH AVE  
DELRAY BEACH, FL 33444

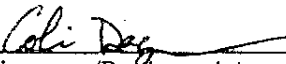
### ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

THOMAS J. DEGNAN  
PO BOX 503  
EAST PETERSBURG PA 17520

\*\*\*\*\*

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

9-30-04  
\_\_\_\_\_  
Date

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

9-30-04  
\_\_\_\_\_  
Date