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TRANSMITTAL LETTER

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

SUBJECT:	Habba H	ocksmith, -	Lnc.
	(FROFOSED CORFO	RATE NAME – <u>MUST ÍNCL</u>	OUDE SUFFIX
Enclosed are an orig	inal and one (1) copy of the	articles of incorporation and	l 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 CO	DPY REQUIRED
FROM:	Maria J	me (Printed or typed)	
	12230 S.	w. 50 P	lace
	Cooper City	ty, State & Zip	330

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

954-434-Daytime Telephone number

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: A Aabba Locksmith, Inc.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 12230 5. W. 50 + Place Cooper City, Fl 33330			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Profes Starting new burbiness Locksmith Company	sional C	iorporat	i Oʻ
ARTICLE IV SHARES The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Maria J. Ricci President 12230 Sw. 50 m Place Cooper City, Fl 33330 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registers Maria J. Ricci om Place 12230 Sw. 50 m Place Cooper City, Fl 33330	ed agent is:	05 UP -7 Fill2: 30 PALLA DASSED FLORIDA	7. A. A.
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Maria J. Riccisom Place 12230 S. W. 50 m Place Cooper Cily, Fl 33330	****	******	
Having been named as registered agent to accept service of process for the above stated corpor certificate, I am familiar with and accept the appointment as registered agent and agree to act in		esignated in this	
MODING J. Picci Signature/Registered Agent	1 - 3 - 0 Date	5	
Signature/Incorporator	1 - 3 - 0 Date	5	