

P0500001549

(Requestor's Name)

LAW OFFICES
CHIKOVSKY & SHAPIRO, P.A.
7TH FLOOR
1720 HARRISON STREET
HOLLYWOOD, FLORIDA 33020-6829



900045296339

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/31/05
20

TRANSMITTAL LETTER

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

SUBJECT: ABF RESTORATIONS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: FRED CHIKOVSKY

Name (Printed or typed)

1720 HARRISON STREET, SUITE 7A

Address

HOLLYWOOD, FLORIDA 33020

City, State & Zip

954-920-4438

Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF
ABF RESTORATIONS, INC.

FILED
05 JAN 27 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED subscribers to these Articles of Incorporation, each a natural person, competent to contract, hereby associate themselves together to form a corporation for profit under the laws of the State of Florida; and further do agree to the following conditions of said corporation.

ARTICLE I. CORPORATE NAME

The name of this corporation is: ABF RESTORATIONS, 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 aggregate number of shares that the corporation shall have authority to issue and have outstanding at any one time is one hundred (100) shares of common stock having no par value.

ARTICLE IV. TERM OF EXISTENCE

This corporation shall have perpetual existence, commencing upon filing of these articles. action of law.

ARTICLE V. REGISTERED AGENT and PRINCIPAL/REGISTERED OFFICE

The Registered Agent shall be:

FRED CHIKOVSKY
1720 Harrison Street, 7th Floor
Hollywood, Florida 33020

The street address of the Principal/Registered Office of this corporation in the State of Florida shall be:

307 SE Third Avenue
Hallandale, FL 33009

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

ARTICLE VI. BOARD OF DIRECTORS

This corporation shall have two (2) directors 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 (1).

ARTICLE VII. INITIAL DIRECTORS

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

ANDREW AMONTE
307 SE Third Avenue
Hallandale, FL 33009

FRANK AMONTE
307 SE Third Avenue
Hallandale, FL 33009

The person(s) named as initial director(s) shall hold office for the first year of existence of this corporation or until their successor(s) are elected or appointed and have qualified, whichever occurs first.

ARTICLE VIII. INCORPORATOR

The name and street address of the person signing these Articles of Incorporation as the Incorporator is:

ANDREW AMONTE
307 SE Third Avenue
Hallandale, FL 33009

ARTICLE IX. 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 the Articles of Incorporation be made.

ARTICLE X. INITIAL OFFICERS

The name(s) of the initial officer(s) of this corporation and their street addresses are:

ANDREW AMONTE President
307 SE Third Avenue
Hallandale, FL 33009

ROBERT CALLAHAN Vice-President, Secretary
307 SE Third Avenue
Hallandale, FL 33009

FRANK AMONTE Treasurer
307 SE Third Avenue
Hallandale, FL 33009

The person(s) named as initial officer(s) shall hold office for the first year of existence of this corporation or until her successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE X. INITIAL SHARES

The initial shares of this corporation shall be issued to the following individuals) as follows:

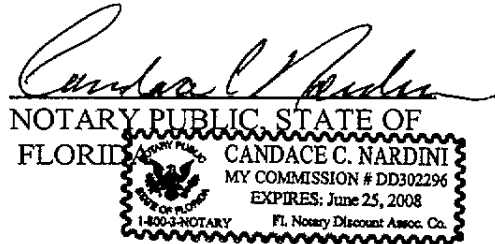
<u>NAME</u>	<u>NO. OF SHARES</u>
ANDREW AMONTE	48 Shares
ROBERT CALLAHAN	48 Shares
FRANK AMONTE	4 Shares

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 14th day of January, 2005.


ANDREW AMONTE

STATE OF FLORIDA)
COUNTY OF BROWARD)

BEFORE ME, a Notary Public, personally appeared, ANDREW AMONTE, to me known to be the person described as Incorporator, and who executed the foregoing Articles of Incorporation, and acknowledged before me that she subscribed to these Articles of Incorporation on 14th day of January, 2005.



My Commission Expires:

DESIGNATION and ACCEPTANCE REGISTERED AGENT

In compliance with Section 48.091, Florida statutes, the following is submitted:

That ABF RESTORATIONS, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at Aventura, State of Florida, has named FRED CHIKOVSKY, located at 1720 Harrison Street, 7th Floor, Hollywood, County of Broward, State of Florida, as it's 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.

BY 
FRED CHIKOVSKY
Registered Agent

DATE 1/14/05

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

OMB N
Expires

(NAME - See instructions.)

Please type or print clearly.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code

5b City, state, and ZIP code

6 County and state where principal business is located

7 Name of principal officer, general partner, grantor, owner, or trustor--SSN required (see instructions.)

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN)

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify)

☐ Other (specify)

☐ Personal service corp.

☐ National Guard

☐ Estate (SSN of decedent)

☐ Plan administrator-SSN

☐ Other corporation (specify)

☐ Federal government/military

☐ Trust

☐ Partnership

☐ Farmers' cooperative

☐ Church or church controlled organization

(enter GEN if applicable)

8b If a corporation, name of state or foreign country
(applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify)

☐ Hired employees

☐ Created a pension plan (specify type)

☐ Banking purpose (specify)

☐ Changed type of organization (specify)

☐ Purchased going business

☐ Created a trust (specify)

☐ Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 Enter closing month of accounting year. (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural

Agricultural

Household

14 Principal activity (See instructions.)

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used

☐ Yes

☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)

☐ Other (specify)

☐ Business (wholesale)

17a Has the applicant ever applied for an identification number for this or any other business?

Note: If "Yes," please complete lines 17b and 17c.

☒ Yes

☐ No

17b If you checked the "Yes" box in line 17a, give applicants' legal name and trade name, if different than name shown on prior application.

Legal name

Trade name

17c Enter approximate date, city and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (incl. area code)

Name and title (Please type or print clearly.)

Signature

Date

Note: Do not write below this line. For official use only.

Please leave
blank

Geo.

Ind.

Class

Size

Reason for applying