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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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## TRANSMITTAL LETTER

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

Subject

ATFAB, Inc.

Enclosed is an original and three (3) copies 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

(ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205,

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

ACA BE COME SAY

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

## ARTICLES OF INCORPORATION OF ATFAB, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I NAME

The name of the Corporation shall be: ATFAB, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business and mailing address of this corporation shall be:

1001 SW 18th Street Boynton Beach, Florida 33426

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 100 at \$0.01 par value per share.

ARTICLE IV OFFICERS/INITIAL DIRECTORS

The name(s) and address(s) of the Officers/initial Director(s) is/are:

Officers:

President: Art Oun

Vice President: Lucille Oun

Treasurer: Art Oun

Secretary: Lucille Oun

**Directors**:

Art Oun

1001 SW 18th Street

Boynton Beach, Florida 33426

Lucille Oun

1001 SW 18th Street

Boynton Beach, Florida 33426

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Art Oun 1001 SW 18th Street Boynton Beach, Florida 33426 INCORPORATOR