## · (905000/1962/

(Requestor's Name)	_			
(Address)	_			
(Address)	-			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	7			
G-01-03				

Office Use Only



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## TRANSMITTAL LETTER

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

SUBJECT:	ADB ENTE	RPRISES J	TUC .
	(PROPOSED CORPORA	TE NAME - MUST INCL	ODE SOFFIX
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	ANTHONY I		
TROWN.	1921 SE		
	CAPE COILA	A FL 33	3990
	239-464 Daytime T	-576/ Telephone number	

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 16, 2005

ANTHONY D BRANOFF JR 1921 SE 13TH STREET CAPE CORAL, FL 33990

SUBJECT: ADB ENTERPRISES INC

Ref. Number: W05000038557

We have received your document for ADB ENTERPRISES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers Document Specialist New Filings Section

Letter Number: 605A00052167

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  ARTICLE I NAME  The name of the corporation shall be: ADB ENTERPRISES
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1921 SE 13 <sup>TH</sup> ST  CAPE Consl, FZ 33990
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:  BUSINESS —  MOBILE REPAIR
ARTICLE IV SHARES
The number of shares of stock is: /000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s): ANTHONY D. BILAWOFF IN  1921 SE 13 <sup>TH</sup> ST  CAPE CONNI, FL 33990
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  ANTHONY D. BRANDF INCORPORATOR  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:
The name and address of the Incorporator is:  ANTHONY D BRANOFF IN  1921 SE 13TH ST  CAPE CONSTITUTE 33990
******************************
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  Date  Signature/Incorporator  Date

**ARTICLES OF INCORPORATION** 

August 24, 2005

Anthony D Branoff Jr 1921 SE 13<sup>th</sup> ST Cape Coral, FL 33990

Subject: ADB Enterprises Inc Ref. Number: W05000038557

FILED

SECTION 15 PM 3: 01

SECTION 15 PM 3: 01

## To Whom It May Concern:

This letter is to verify that I hereby am familiar with and accept the duties and responsibilities of Registered Agent.

Sincerely.

Anthony D. Branoff Jr.