

P06000105841

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 14 2006

**COVER LETTER**

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

SUBJECT:           ABILITI, 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:           PHILIP G. FOTI            
Name (Printed or typed)

          1023 ENCLAVE STREET            
Address

          ORLANDO, FLORIDA 32828            
City, State & Zip

          952-451-0765            
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2006

PHILIP G FOTI  
1023 ENCLAIR STREET  
ORLANDO, FL 32828

SUBJECT: ABILITI, INC.  
Ref. Number: W06000034325

We have received your document for ABILITI, 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 contain a registered agent with a Florida street address and a signed 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) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 106A00048709

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Abiliti, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1023 Enclair St.  
Orlando, Fla 32828

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To perform employment staffing services for business.

**ARTICLE IV SHARES**

The number of shares of stock is:

25,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President & Secretary Philip G. Foti  
1023 Enclair Street  
Orlando, Florida 32828

**ARTICLE VI REGISTERED AGENT**

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

N/A Philip G. Foti  
1023 Enclair St.  
Orlando, FL 32828

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Philip G. Foti  
1023 Enclair Street  
Orlando, Florida 32828

\*\*\*\*\*

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

8-5-06  
Date  
7-31-06  
Date