

PO70000023979

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

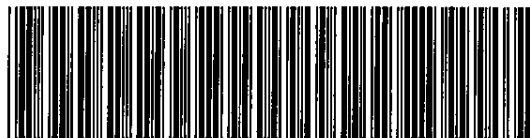
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 FEB 22 PM 2:04

APPROVED  
AND  
FILED

W07-7390

B. McKnight FEB 22 2007

## COVER LETTER

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

SUBJECT: ABM CONSULTANT 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: Admira Provost-Maddix  
Name (Printed or typed)

4966 SW 107 Loop  
Address

Ocala FL 34476  
City, State & Zip

352-873-4275  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2007

ADMIRA PROVOST-MADDIX  
4966 SW 107 LOOP  
OCALA, FL 34476

SUBJECT: ABM CONSULTANT INC.  
Ref. Number: W07000007390

We have received your document for ABM CONSULTANT INC. and your check(s) totaling \$87.50. 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.

Please list the address for the incorporator in article VII.

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) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 107A00010801

# 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:

ABM CONSULTANT INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4966 SW 107 200P  
OCALA FL 34476

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MORTGAGE

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Admira Provost-Maddix  
4966 SW 107 200P  
OCALA FL 34476

## ARTICLE VI REGISTERED AGENT

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

Admira Provost-Maddix  
4966 SW 107 200P  
OCALA FL 34476

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Admira Provost-Maddix  
4966 SW 107 200P  
OCALA FL 34476

\*\*\*\*\*

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

APPROVED  
AND  
FILED  
07 FEB 22 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/06/07  
Date

02/06/07  
Date