

P07000060134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

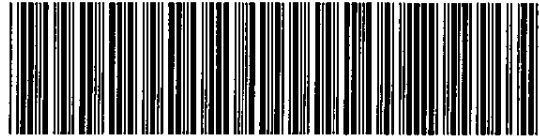
(Business Entity Name)

(Document Number)

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

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FILED  
07 MAY 18 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
5/21

**COVER LETTER**

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

SUBJECT: A.B. CHIPSOFT USA, 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: GENARO W. ADLER  
Name (Printed or typed)

5603 NORTH W ST  
Address

PENSACOLA FL 32505  
City, State & Zip

850 469-9111  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

A.B. CHIPSOFT USA, INC.

07 MAY 18 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

5603 NORTH "W" STREET  
PENSACOLA FL 32505

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SOFTWARE TECHNOLOGY  
FOR THE MEDICAL COMMUNITY

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000

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

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

GERARD W. ADCOX  
5603 N. W. ST  
PENSACOLA FL 32505  
CHAIRMAN, SEC.

NEUBEN BUCKAEPF  
5603 N. W. ST  
PENSACOLA FL 32505  
PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

GERARD W. ADCOX, 5603 NORTH W ST PENSACOLA FL 32505

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

GERARD W. ADCOX  
5603 NORTH W ST  
PENSACOLA FL 32505

\*\*\*\*\*  
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

5.15.07

Date

5.15.07



Signature/Incorporator

Date