

P10000075569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

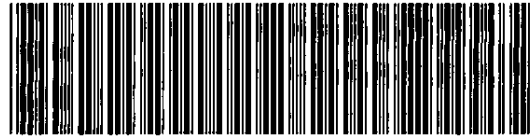
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/10--01024--001 **87.50

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10 SEP 14 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
9/15

COVER LETTER

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

SUBJECT: ANB Capital, 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: Tenet Financial Group

Name (Printed or typed)

8248 Drop Tine Drive

Address

Benbrook, TX 76126

City, State & Zip

888-901-3335

Daytime Telephone number

abacus@anbcapital.net

E-mail address: (to be used for future annual report notification)

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

To State of Florida / Division of Corporations

Date: 9/2/2010

From: Aaron Bacus

RE: ANB Capital LLC

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10 SEP 14 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Please be advised I do not intend to re-activate ANB capital LLC .

I am in the process of converting to a Corporation, ANB Capital Inc.

Thank you



Aaron Bacus

abacus@anbcapital.net

703-627-1775

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:

ANB Capital, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

168 Willow Falls Trail
Ponte Vedra, FL 32081

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Aaron Bacus,	Kristi Bacus
President	Secretary/Treasurer
168 Willow Falls Trail	168 Willow Falls Trail
Ponte Vedra, FL 32081	Ponte Vedra, FL 32081

ARTICLE VI REGISTERED AGENT

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

Aaron Bacus
168 Willow Falls Trail
Ponte Vedra, FL 32081

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Aaron Bacus
168 Willow Falls Trail
Ponte Vedra, FL 32081

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

9/10/2010

Date

9/10/2010

Date

FILED

10 SEP 14 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA