P120000172169

(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:					

Office Use Only



500239351385

09/10/12--01034--017 **140.00

12 SEP 10 PH 1: 33

on alulia

COVER LETTER

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

SUBJECT: ABVI FRANCHISING, I	NC.							
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)								
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	l a check for:	_					
\$70.00 \$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: Bessie Petroutsas Name (Printed or typed)								
3300 North University Drive - Suite 500								
Coral Springs, Florida 33065 City, State & Zip								
954.575.2668 (ext. 149) Daytime Te	elephone number		PH 1: 33	D F STATE PORATTI				
bpetroutsas@vantageho: E-mail address: (to be used	spitality.com	notification)		SĄC				

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

ARTICLES OF INCORPORATION

	In comp	liance with Chapter 607 and/	or Chapter 621, F.S. (Profit	SECRETARY OF STAT
ARTICLE I	NAME	ABVI FRANCHISING	SINC	DIVISION OF CORPORAT
The name of the co	rporation shall be:	/ DVIII VIII VIII VIII VIII VIII VIII VI	, ii (O.	12 CED 10 DM 1. 00
ARTICLE II	PRINCIPAL OFF	ICE		12 SEP 10 PM 1: 3:
	Principal street	address	Mailing add	dress, if different is:
		tality Group, Inc.		
		y Drive - Suite 500 33065		
Q	orar oprings, r. c.	33003		
ARTICLE III				
	hich the corporation	is organized is: business permitted in t	he state of Florida	
Arry arru air ie	yai anu iawiui i	ousiness permitted in t	ne state of Florida.	
ARTICLE IV	SHARES			
The number of shar	res of stock is: One	thousand (1,000)		
ARTICLE V	INITIAL OFFICE	RS AND/OR DIRECTORS	2	
Address:		Hospitality Group, Inc.		
	3300 North Ur	niversity Drive - Suite 500		
	Coral Springs	s, FL 33065		
Name and Ti				
Address:		Hospitality Group, Inc.		
	3300 North Un	iversity Drive - Suite 500		
		, FL 33065		
Name and Ti	tle•		Name and Title	
Address:			Address:	
		· · · · · · · · · · · · · · · · · · ·		
ARTICLE VI	REGISTERED A	GENT		
		P.O. Box NOT acceptable) of t	the registered agent is:	
Name:	Bessie Petro	outsas		
Address:	.3300 North I	Jniversity Drive - Suite 50	00	
	Coral Sprin	gs, Fl_ 33065		
ARTICLE VII	INCORPORATO	<u>R</u>		
The name and add	ress of the Incorpora	tor is:		
Name:	Bessie Petro			
Address:	3300 North U	niversity Drive - Suite 500)	
	Coral Spring	gs, FL 33065		
Having been name	ed as registered agen	t to accept service of process	for the above stated corpor	ation at the place designated in
		eccept the appointment as regis		
Do Dik	14DAAVAV			97 7217
r/· 101	V UV UL ZJ 0	nature/Registered Agent		9.7.2012
	reguirea Sig	name/registered Agent		Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator