

P/5000064910

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DIVISION OF CORPORATIONS
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W15-048461

08/04/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2015

JAY M. SABOT
1415 PANTHER LANE, SUITE 366
NAPLES, FL 34109

RECEIVED AUG 3 2015

SUBJECT: ASB RETIREMENT SOLUTIONS, INC.
Ref. Number: W15000048461

We have received your document for ASB RETIREMENT SOLUTIONS, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 015A00015114

COVER LETTER

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

SUBJECT: Domestication of ASB Retirement Solutions, Inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Jay M. Sabot

Name (printed or typed)

1415 Panther Lane, Suite366

Address

Naples, FL 34109

City, State & Zip

203-768-0201

Daytime Telephone Number

jay.sabot@gmail.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Jay M. Sabot, President,
(Name) (Title)

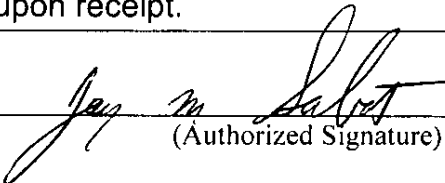
of ASB Retirement Solutions, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 05, 2001.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Connecticut.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ASB Retirement Solutions, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ASB Retirement Solutions, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 80 Charter Oak Drive Cheshire, CT 06410.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Jay M. Sabot, of ASB Retirement Solutions, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the ____ day of upon receipt.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ASB Retirement Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

4049 Skyway Drive

1415 Panther Lane

Naples Florida 34112

Suite 366

Naples Florida 34109

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all legal business activity

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President, Jay M. Sabot

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Jay M. Sabot

4049 Skyway Drive

Naples, Florida 34112

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Jay M. Sabot

4049 Skyway Drive

Naples, Florida 34112

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HAVING BEEN NAMED AS REGISTERED AGENT AND 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

07/10/2015

Date

Signature/Incorporator

07/10/2015

Date