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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATÉ FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

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FLORIDA PROFIT/NON PROFIT CORPORATION ABACUS DISTRIBUTORS INC.

Certificate of Status	0		
Certified Copy	1		
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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME- TH

ARTICLE I NAME: The name of the corporation is:
ABACUS DISTRIBUTORS INC.
ARTICLE II PRINCIPAL OFFICE:
The principal case
The principal street address and mailing address is:
ABACUS Distributors Inc.
Miami, FL 33166
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Robert Davis Miller (P)
The the
ARTICLE V INTERAL PRODUCTION
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (DO R
The name and Florida street address (PO Box not acceptable) of the registered agent is: BOBERT DAVIS MILLER
8215 NW 64 ST. UNIT 7
1711AMI FL 33166
ARTICLE VI INCORPORATION. The
ROBERT DAVIS MILLER
8215 NW (04 ST UNITE
8215 NW 64 ST UNIT7 MIAMI FL 33166

Required Signatures:

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

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.

Incorporator

Date