

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME

FIRM

ADDRESS

PHONE ()

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FEB 7 1995 BSE

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK

WALK-IN
Will Pick Up 27 12 22

RE: A.B.T.S.

C.C. FEE.

DISBURSED

<input checked="" type="checkbox"/> Appl. Express		
<input checked="" type="checkbox"/> Inc. F.		
<input checked="" type="checkbox"/> Corp. Record Search		
<input checked="" type="checkbox"/> Ltd. Partnership Filing		
<input checked="" type="checkbox"/> Foreign Corp. Filing		
<input checked="" type="checkbox"/> Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U B-		
<input type="checkbox"/> Fictitious Name Filing		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 Filing		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary ■ State

February 7, 1995

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: A.B.I.S., INC.
Ref. Number: W95000002806

We have received your document for A.B.I.S., INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return 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 (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 195A00005209

CERTIFICATE OF INCORPORATION
OF
A B. I. S., INC.

FILED
FEB - 7 AM 9:11
1968

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

First: The name of this corporation is A. B. I. S., Inc.

Second: It's registered office in the State of Florida is located at 9553 159th Ct. N., Jupiter, Florida 33478 and it's registered agent in charge thereof is Elizabeth K. Legare', Palm Beach County.

The principal address and the registered office address are the same.

Third: The nature of the business and the objects and purposes to be transacted, promoted, and carried on are to do any and all of the things herein mentioned as fully and to the same extent as natural persons might or could do, and in any part of the world, viz: to engage in any lawful act or activity for which corporations may be organized under the General Corporation Laws of Florida, United States, or any other state, country, territory or nation.

Fourth: The total number of shares of stock which this corporation is authorized to issue is one hundred (100) shares without par value.

Fifth: The names, mailing addresses, and places of residence of the incorporators is as follows:

Elizabeth K. Legare'
9553 159th Ct N
Jupiter, Fl. 33478

Sixth: Term of existence of this corporation is to exist perpetually.

Seventh: In furtherance and not in limitation of the powers conferred by the laws of the State of Florida, the Board of Directors, is expressly authorized.

To make, alter, amend and appeal the by-laws.

To set apart out of the funds of the corporation available for dividends a reserve or reserves for any proper purposes and to alter or abolish any such reserve; to authorize and cause to be executed mortgages and liens upon property and franchise of this corporation. to designate, by resolution passed by a majority of the whole board, one or more committees, each to consist of two or more directors, which committees, to extend provided in each resolution or in the by-laws of the corporation shall have and may exercise any or all of the business and affairs of this corporation and have power to authorize the seal of this corporation to be affixed to all papers which may require it; From time to time to determine whether and to what extent and to what times and places and under what conditions and regulations, the books and accounts of this corporation, or any of them other than the stock ledger, shall be open to the inspection of the stockholders, and no stockholder shall have the right to except as conferred by law or authorized by resolution of the directors or of the stockholder. To sell, lease, or exchange all of it's property and assets, including it's good will and it's corporate franchises, upon such terms and conditions and for such consideration, which may be in whole or in part shares of stock in, and/ or other securities of any other corporation or corporations, when and authorized by the affirmative vote of the holders of a majority of the stock issued and outstanding having voting power given at a stock holders meeting duly called for that purpose, or when authorized by the written consent of the holders of a majority of the voting stock issued and outstanding. This corporation may in it's by-laws confer powers additional to the foregoing upon the directors, in addition to powers and authorities expressly conferred upon them by law.

Eight: This corporation reserves the right to amend, alter, change, or repeal any provision contained in this Certificate of Incorporation in the manner now or hereafter prescribed by law and all rights conferred on officers, directors, and stockholders herein are granted subject to this reservation.

Ninth: The names and street addresses of the incorporators to these articles of incorporation is (are):

Elizabeth K. Legare'
9553 159th Ct. N
Jupiter, Fl. 33478

I, THE UNDERSIGNED, being the incorporator here in before named, for the purpose of forming a corporation pursuant to the General Corporation laws of Florida, do make this certificate, hereby declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly have hereunto set my hand this 6th day of February 1995.

E. K. Legare
E. K. Legare'

STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FORGOING instrument was acknowledged and sworn to before me this 6th day of February, 1995, by Elizabeth K. Legare' of, A.B. I. S. Inc., *Personally known to me.*

Kathryn C. Fleming
Kathryn C. Fleming



KATHRYN C. FLEMING
My Comm. Exp. 10/15/97
Bonded By Service Ins
No. CC309173

☐ Personally Known ☐ Other C.D.

FILED
25 FEB -8 AM 9:11
SECRETARY OF STATE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/ registered agent, in the state of Florida.

1. The name of the corporation is: A. B. I. S., Inc.
2. The name and address of the registered agent and office is:

Elizabeth K. Legare
9553 159th Ct. N.
Jupiter, Fl. 33470

SIGNATURE: *E. K. Legare*

TITLE: Incorporator

February 6, 1995

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: *E. K. Legare*

February 6, 1995

Personally known to me.
Kathryn C. Fleming
Kathryn C. Fleming



Kathryn C. Fleming
My Comm. Exp. 10/15/97
Bonded By Service Ins
No. CC309173

☐ Personally known ☐ Other I.D.

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 26 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000010421 (2)

1. Corporation Name

A.B.S. INC.
1996 REINSTATEMENT

Principal Place of Business

Mailing Address

9553 159TH CT N
JUPITER FL 33470

9553 159TH CT N
JUPITER FL 33470

3. Date Incorporated or Qualified 02/08/1995	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country

9. Name and Address of Current Registered Agent

LEGARE, ELIZABETH K
9553 159TH CT N
JUPITER FL 33470

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
FL 05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: E. K. Legare E. K. LEGARE DATE: 12-11-96

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <u>PRAS</u>	<input type="checkbox"/> DELETE
NAME <u>E. K. LEGARE</u>	
STREET ADDRESS <u>9553 159TH CT N</u>	
CITY-ST-ZIP <u>JUPITER, FL 33470</u>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT 12/11/96
700002046037-7
-01/03/97-01/03/97
****375.00 ****375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. K. Legare E. K. LEGARE DATE: 12-11-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)