

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

CSC networks

800-341-8086

P95000018268

95 MAR -3 11 45 11

DIVISION OF CORPORATION

MAIL TO:
P.O. BOX 5020
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 551760 147704A

AUTHORIZATION : *Patricia Pjoto*

COST LIMIT : \$ 122.50

ORDER DATE : March 1, 1995

ORDER TIME : 2:54 PM

ORDER NO. : 551760

CUSTOMER NO: 147704A

00000014213146

CUSTOMER: Mr. Linda Thomas
MS. LINDA THOMAS

519 52nd Street

West Palm Beach, FL 33407

DOMESTIC FILING

P95000018268
NAME: AABLE SERVICES INC.

XXXXX ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXXX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

m
3-7-95
C2/A

FILED
95 MAR -3 11 45 11
TALLAHASSEE, FLORIDA

W95-4830
0225-611,671



RECEIVED

95 MAR -6 PM 3:15

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

*Please give
the 3rd
file date*

March 6, 1995

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

SUBJECT: AABLE SERVICES INC.
Ref. Number: W95000004830

We have received your document for AABLE SERVICES INC. and the authorization to debit your account in the amount of \$122.50. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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) 487-6930.

Tim Murphy
Corporate Specialist

Letter Number: 095A00009770

ARTICLES OF INCORPORATION
OF
AABLE SERVICES INC.

FILED
95 MAR -3 AM 9:13
SECRET
TALLAHASSEE, FLORIDA

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a Corporation under the Laws of the State of Florida.

ARTICLE I - NAME

The name of the Corporation shall be:

AABLE SERVICES INC.

The principal place of business of this Corporation shall be 519 52nd St., West Palm Beach, Florida 33407.

ARTICLE II - NATURE OF BUSINESS

This Corporation may engage or transact in any or all lawful activities permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is 500 shares of common stock having \$1.00 par value per share.

ARTICLE IV - ADDRESS

The street address of the initial registered office of the Corporation shall be 1201 Hays St., Tallahassee, Florida 32301, and the name of the initial registered Agent of the Corporation at that address is Corporation Information Services Inc.

ARTICLE V - TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLE VI - OFFICERS AND DIRECTORS

This Corporation shall have one Officer and one Director, initially. The names and street address of the initial Officer and Director who shall hold office for the first year of the Corporation, or until their successors are elected are:

Linda Thomas, President - 20% of initial stock.

Michael D. Cirullo, Director - 80% of initial stock.

519 52nd St., West Palm Beach, Florida 33407

ARTICLE VII - INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation is:

Corporation Information Services Inc.,
1201 Hays St., Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned Authorized Agent of Corporation Information Services Inc., has hereunto set their Hand and Seal of Corporation Information Services Inc., on the 3 day of March 1995.

State of Florida

County of Leon

CORPORATION INFORMATION SERVICES INC.

By: Karen B. Rozar

I hereby accept and am familiar with the duties of being Registered Agent Karen B. Rozar, as agent

The foregoing instrument was acknowledged before me this _____ day _____, 1995, by:

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: _____