# P45000019058

# TRANSMITTAL LETTER

Department of State Division of Corporatio P. O. Box 6327 Tallahassee, FL 32314	ns 1		į	2000001295642 -02/01/9501097011 *****78.75 *****78.75
SUBJECT:	Proposbd corporat	te name - must include si	ingo, <u>v</u> S	Inc.
Enclosed is an original for:  \$70.00  Filing Fee	and one (1) co \$78.75 Filing Foe & Certificate	py of the articles of  \$122.50 Filing Fee & Certified Copy	incorporation an \$131.25 Filing Fee, Certified Copy & Certificate	nd a check. The second
FROM:	LISQ Name	MCLO CO	b0220	·
	802	Address	treat	
\	Wilm	OI OG TOO, ()	<u> 1980</u>	)
18/23/02/p5	Daytim	302 (128) e Telephone number	1200	
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NOTE: Please provide the original and one copy of the articles.



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 6, 1995

LISA MARIE LOBOZZO 802 WEST ST. WILMINGTON, DE 19801

SUBJECT: B & M ENTERPRISES, INC.

Ref. Number: W95000002620

We have received your document for B & M ENTERPRISES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6929.

Brendolyn Bruton Corporate Specialist

Letter Number: 595A00004891

# TRANSMITTAL LETTER

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

SUBJECT:
Enclosed is an original and one (1) copy of the articles of incorporation and a check
for:  \$70.00 \$78.75  Filing Fee & Filing Fee & Filing Fee, Certified Copy  \$131.25
& Certificate & Certified Copy & Certified Copy & Certificate & Certificate
FROM: Lisa Marie Laborra
802 West Steet-
Wilmington, De 19801
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

OF

#### AMERIBOOK, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

#### ARTICLE I

The name of the corporation shall be:

## AMERIBOOK, INC.

The address of the principle office of this corporation shall be 1008 Mango Isle, FT. Lauderdale, FL 33315.

The corporation shall be the same.

#### ARTICLE II

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

### ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

## ARTICLE IV

The street address of the initial registered office of the corporation shall be 4271 Lago Way, Sarasota, FL 34241, and the name of the initial registered agent of the corporation is Edward Regnier.

#### ARTICLE V

The corporation is to exist perpetually.

#### ARTICLE VI

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

Lisa Marie Lobozzo INC. PLAN (USA) 802 West Street Wilmington, DE 19801

The undersigned has executed these articles of Incorporation this 2nd day of March, 1995.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

in the figure of the first of the second section in

FURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

2. The name and address of the registered agent and office is:  Edward Regnier  (Name)  4271 Lago Way
(Name) 4271 Lago Way
(Name) 4271 Lago Way
4271 Lago Way
(P.O. Box <u>not</u> acceptable) ද
Sarasota, Fl. 34241
(City/State/Zip)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

JOSE MARRONE 2858 Cornerstone Ct. Apopka, FL 32703 Somdej Khunduang 13104 North 52nd Street Tampa, FL 33617

Carlos Marrone 2858 Cornerstone Ct. Apopka, FL 32703

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

February day of 28 19\_95\_.

Signature

(asker // asker //

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

		S.T.I.C.	ENTERPRISE	AND I	DEVELODMENE	<b>a</b> ann
	-		- TONI KIDE	AND	DEAETOSMENT	CORP
2. The name	e and address of the reg	istered agen	t and office is:			
	JOSE MAI	RRONE				
		(Name)			_	
	2858 CO	RNERSTONE	CT.			
	(P.O.	. Box not acce	ptable)			
	APOPKA,	FL 32703				
		(City/State/Zip)			<del></del>	
Having been above stated the appointr to comply wi mance of my as registered	named as registered ag l corporation at the place lent as registered agent th the provisions of all st duties, and I am familiar agent.	ent and to ace designated and agree to atutes relatir with and acc	ccept service of in this certifical act in this capa act in this capa go to the properties the obligat	f proce te, I he acity. r and c ions of	ess for the ereby accept further agree omplete perfor f my position	·
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