



**ARTICLES OF INCORPORATION**

OF

**ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.**

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

The principal place of business and mailing address of this corporation shall be:

**ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.  
1309 HARRISON STREET  
HOLLYWOOD, FLORIDA 33019**

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares of Common Stock at \$1.00 per value per share

*Mark B. Goldstein, Esq.*

*1000 S. Federal Hwy. # 202*

*Ft. Lauderdale, FL 33316*

*(305) 761-8810*

*FL Bar No. 705276*

H95000006692

FILED

95 JUN 15 4 12 PM '73

SECRETARY OF THE  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

H95000006692

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Spencer Cohn  
1309 Harrison Street  
Hollywood, Florida 33019

**ARTICLE V INCORPORATOR**

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

Spencer Cohn  
1309 Harrison Street  
Hollywood, Florida 33019

**ARTICLE VI INITIAL DIRECTORS**

The names and street addresses of the initial directors to these Articles of Incorporation are:

Spencer Cohn  
1309 Harrison Street  
Hollywood, Florida 33019

The undersigned has executed these Articles of Incorporation  
this 14th day of June, 1995.

  
Signature/Incorporator

H95000006692

H95000006692

P95000046550

(Requestor's Name)

ABLE LABOR CONSULTANTS  
1861 N. FED. HWY.  
Suite 226  
Hollywood, FL  
33020

100001678541  
-01/23/96--01046--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

100001697421  
-01/25/96--01013--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
<input checked="" type="checkbox"/> Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

FILED  
96 JAN 22 PM 3:02  
TALLAHASSEE, FLORIDA

615,524  
\*1789, 665, 671\*

Examiner's Initials LET



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
96 JAN 22 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 11, 1996

ABLE LABOR CONSULTANTS  
1861 N. Federal Hwy., Suite 226  
Hollywood, FL 33020

SUBJECT: ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.  
Ref. Number: P95000046550

We have received your document for ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The changes that are being made in the amendment can be made on your 1996 corporation annual report. The annual reports will be mailed from this office during the month of January.

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) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 796A00001618

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.

**FILED**  
96 JAN 22 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

**REGISTERED AGENT:**

ILEEN J. CANTOR, ESQ.  
5540 Pacific Boulevard  
Suite 323  
Boca Raton, FL 33433

**Director and President:**

ILEEN J. CANTOR, ESQ.  
5540 Pacific Boulevard  
Suite 323  
Boca Raton, FL 33433

Spencer Cohn, Treasurer  
1861 N. Federal Highway  
Suite 226  
Hollywood, FL 33320

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: 11-1-95

**FOURTH: Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.  
*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*
- "The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 11 of November, 19 95.

Signature

  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Spencer Cohn

\_\_\_\_\_  
Typed or printed name

Treasurer/Incorporator

\_\_\_\_\_  
Title

## **ABLE LABOR CONSULTANTS**

1861 N. Federal Highway  
Suite 226  
Hollywood, Florida 33020

Broward: (305) 390-2808  
Dade: (305) 956-3188  
Fax: (305) 927-6061

ILEEN J. CANTOR  
Attorney at Law

January 17, 1996

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

Attn: Louise Flemming-Jackson  
Corporate Specialist Supervisor

Re: Able Unemployment Compensation Consultants, Inc.  
Ref. No. P95000046550

FILED  
96 JAN 22 PM 3 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Ms. Flemming-Jackson:

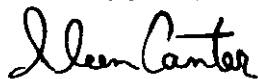
Please accept this letter as my acceptance as President and Registered Agent for the above referenced corporation.

I hereby am familiar with and accept the duties and responsibilities as Registered Agent and President for said corporation. As President and Registered Agent of said corporation, my address is:

5540 Pacific Boulevard  
Suite 323  
Boca Raton, FL 33433

If you require anything further, please do not hesitate to contact me.

Very truly yours,



ILEEN J. CANTOR

IJC:gms



P95000046550  
OFFICE OF THE FLORIDA COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: ABLE LABOR CONSULTANTS ATTN: SPENCER EIN or SS#: \_\_\_\_\_  
COHN

Address: 1861 N. Federal Highway, Suite 226  
Hollywood, FL 33020

Amount: \$35.00 Date Paid \_\_\_\_\_

Reason for claim: Sent in duplicate filing fee of \$35.00 to file Articles of  
Amendment for ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.  
(CHARTER #P95000046550)

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature See attached letter

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01013-006</u> dated <u>1-23-96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)

## ***ABLE LABOR CONSULTANTS***

1861 N. Federal Highway  
Suite 226  
Hollywood, Florida 33020

Broward: (305) 390-2808  
Dade: (305) 956-3188  
Fax: (305) 927-6061

ILEEN J. CANTOR  
Attorney at Law

February 7, 1996

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

Attn: Louise Flemming-Jackson  
Corporate Specialist Supervisor

Re: Able Unemployment Compensation Consultants, Inc.  
Ref. No. P95000046550

Dear Ms. Flemming-Jackson:

Per your request please find enclosed copies of two checks that were cashed by the Secretary of State for one amendment to the Articles of Incorporation.

As discussed, I initially mailed the amended articles form together with the required check in the amount of \$35.00. However, because the amended articles form was not signed by the new president and registered agent and lacked the proper language to assume such duties, your office returned these papers to me.

After having the amended articles form properly executed, these papers were returned to your office, together with another check in the amount of \$35.00 for the amendment.

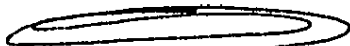
It was my belief that the original \$35.00 check issued on December 20, 1995 was returned to us along with the aforementioned papers. I assumed that I had misplaced the original check, so the second check was issued on January 17, 1996, for \$35.00. I had not realized that your office retained the first check.

When we received our bank statement, it reflected that both checks were cashed.

I request that the State of State, Division of Corporations, refund us a check in the amount of \$35.00.

Thank you for your assistance in this matter.

Very truly yours

A handwritten signature, likely "Spencer Cohn", enclosed within a hand-drawn oval.

SPENCER COHN

SC:gms

P95 000046550

SPENCER COHN  
1309 Harrison Street  
Hollywood, Florida 33019  
(954) 390-2808

May 4, 1996

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32399

Ladies and Gentlemen:

Enclosed please find an executed Articles of Amendment to Articles of Incorporation together with a check in the sum of \$35.00 to Amend the Articles of Incorporation of ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.

Additionally, as required, please find an acceptance as registered agent for the corporation.

Thank you for your cooperation in this matter.

Very truly yours,

  
SPENCER COHN

200001816672  
-05/10/96--01049--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

FILED  
96 MAY -9 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amendment  
5/17/96  
DC

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.

(present name)

FILED  
95 MAY -9 PM 3:05  
SECRETARY OF STATE  
TALLahassee, FLORIDA

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)**

ARTICLE IV TO BE AMENDED:

① delete Ileen J. Cantor, Esq.  
5540 Pacific Boulevard  
Suite 323  
Boca Raton, FL 33433

Ileen J. Cantor DOES NOT wish to be the Registered Agent  
any longer of Able Unemployment Compensation Consultants, Inc.

add SPENCER COHN  
1309 Harrison Street  
Hollywood, FL 33019

SPENCER COHN IS THE REGISTERED AGENT (see attached statement  
accepting the duties and responsibilities as registered agent).

② DELETE ILEEN J. CANTOR, ESQ. AS PRESIDENT OF ABLE UNEMPLOYMENT  
COMPENSATION CONSULTANTS, INC.

ADD SPENCER COHN, PRESIDENT  
1309 Harrison Street  
Hollywood, FL 33019

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: 5-1-96

**FOURTH: Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.  
*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were  
sufficient for approval by \_\_\_\_\_"  
voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 1 of MAY, 19 96.

SEE ATTACHED SHEET FOR SIGNATURE

Signature

(By the Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

SPENCER COHN

Typed or printed name

INCORPORATOR

Title

**SPENCER COHN**  
1309 Harrison Street  
Hollywood, Florida 33019  
(954) 390-2808

May 4, 1996

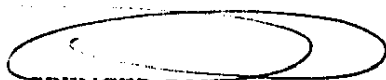
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32399

Re: Able Unemployment Compensation Consultants, Inc.

Ladies and Gentlemen:

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 obligations of my position as registered agent.

Sincerely,



**SPENCER COHN**  
Registered Agent  
and Incorporator