

1201 HAYS STREET

TALLAHASSEE, FL 32301

904/20391

904/20391 FAX

800-142-8086

**CSC networks**

PRESTIGE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 656358 11200A

AUTHORIZATION :

*Patricia Pigott*

COST LIMIT : \$ 70.00

ORDER DATE : August 9, 1995

ORDER TIME : 10:12 AM

ORDER NO. : 656358

CUSTOMER NO: 11200A

300001550100

CUSTOMER: Mr. Donnell A. Johnson  
HOGAN & SHAW

Second Floor  
300 East Las Olas Boulevard  
Ft. Lauderdale, FL 33301

DOMESTIC FILING

NAME: ABRISOFT, INC.

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

F'

ER'S INITIALS:

T. BROWN

AUG - 9 1995

FILED  
95 AUG -9 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
ABRISOFT, INC.

FILED  
95 AUG -9 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporators of a corporation under the laws of Florida, adopt the following Articles of Incorporation for such corporation:

ARTICLE ONE

The name of this corporation is ABRISOFT, Inc.

ARTICLE TWO

This corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida, and may do any and all things in a corporate capacity permitted under and not inconsistent with Chapter 607 of the Florida Statutes regarding corporations for profit.

ARTICLE THREE

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is 1000 (one thousand) shares of common stock of the par value of .10 (ten cents) per share.

These shares shall carry preemptive rights.

ARTICLE FOUR

The amount of capital with which the corporation will begin business will not be less than \$500 (five hundred) dollars.

#### ARTICLE FIVE

The corporation is to have perpetual existence.

#### ARTICLE SIX

The initial street address of the principal office of the corporation will be 11104 S.W. 15th Manor, Davie, FL 33324.

#### ARTICLE SEVEN

The number of directors of the corporation will not be less than one.

#### ARTICLE EIGHT

The names and street addresses of the members of the first Board of Directors are:

Jose Mojica	Laurel Mojica
11104 S.W. 15th Manor	11104 S.W. 15th Manor
Davie, FL 33324	Davie, FL 33324

#### ARTICLE NINE

The names and street addresses of each subscriber to the Articles of Incorporation are:

Jose Mojica	Laurel Mojica
11104 S.W. 15th Manor	11104 S.W. 15th Manor
Davie, FL 33324	Davie, FL 33324

#### ARTICLE TEN

The initial bylaws shall be adopted by the Board of Directors. The power to alter, amend or repeal the bylaws or to adopt new bylaws shall be vested in the Board of Directors. The

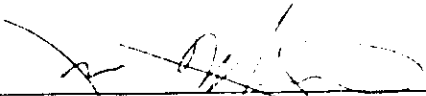
bylaws may contain any provisions for the regulation and management of the affairs of the corporation not inconsistent with the laws of the State of Florida or this Articles of Incorporation.


Any contract or other transaction between the corporation and any one or more of its directors, or between the corporation and any firm of which one or more of its directors are members or employees, or in which they are interested, or between the corporation any corporation or association of which one or more of its directors are shareholders, members, directors, officers or employees, or in which they are interested, shall be valid for all purposes, notwithstanding the presence of the director or directors at the meeting of the Board of Directors of the corporation that acts upon, or in reference to, the contract or transaction, and notwithstanding his or her participation in the action, if the fact of such interest shall be disclosed or known to the Board of Directors and the Board of Directors shall, nevertheless, authorize or ratify the contract or transaction, the interested director or directors to be counted in determining whether a quorum is present and to be entitled to vote on such authorization or ratification.

#### ARTICLE ELEVEN

The registered agent for the corporation shall be Garland Hogan, Esquire. The place designated for service of process shall be 300 East Las Olas Blvd, 2d Floor, Fort Lauderdale, Florida 33301.

WE, THE UNDERSIGNED, being all of the original subscribers to this Articles of Incorporation, do hereby make, subscribe, acknowledge and file this Articles and certify that the facts stated herein are true, and have hereunto set our hand and seals this 8<sup>th</sup> day of August, 1995.

  
\_\_\_\_\_  
Jose Mojica, President

  
\_\_\_\_\_  
Laurel Mojica, Vice President

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
95 AUG -9 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


Pursuant to the provisions of Section 607.325, 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:

ABRISOFT, Inc.

2. The name and address of the registered agent and office is:

Garland Hogan  
300 East Las Olas, 2d Floor  
Fort Lauderdale, Florida 33301

Signature 

Jose Mojica

Title President

Date August 8, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

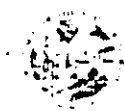
SIGNATURE 

(Registered Agent)

DATE August 8, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

FILED

DOCUMENT # P95000061428

96 SEP 23 AM 9:12

ABRISOFT, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Address

11104 SW 15TH MANOR  
DAVIE FL 33324

Mailing Address

11104 SW 15TH MANOR  
DAVIE FL 33324



If above and below are the same, check only one. If not, check both and enter corrections below.

New Principal Office Address, if Applicable

New Mailing Office Address, if Applicable

Name, Applicable

Name, Applicable

City & State

City & State

City & State

City & State

Names and Street Addresses of Each Officer and Director of Florida nonprofit corporations must list at least 3 directors.

Name of Officer or Director

Street Address of Each

Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

City / State / Zip

D MOJICA, JOSE

11104 S.W. 15TH MANOR

DAVIE FL 33324

D MOJICA, LAUREL

11104 S.W. 15TH MANOR

DAVIE FL 33324

200001971892  
-10/11/96--01080--015  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

MORGAN, GARLAND ESO.  
300 E. LAS OLAS BLVD.  
2ND FLOOR  
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name  
Laurel Mojica  
Street Address (P.O. Box Number is Not Acceptable)  
11104 SW 15th Manor  
State Apt # Etc

City

DAVIE

State  
FL

Zip Code  
33324

Date 9-14-96

Signature of  
Registered Agent

Laurel Mojica

REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

I, the undersigned, certify that I am a resident of the state of Florida and am qualified to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this application, the requirements for reinstatement have been met and that the corporation satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees have been paid, and that the names of individuals listed on this form do not qualify for an exemption under section 112.07(3)(b), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Laurel Mojica

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-96

Date

954/473-0296

Daytime Phone #