TRANSMITTAL LETTER

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

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CHIR IECT

30636011 <u></u>	(Proposed corporate n	iame - must include su	ffix)	
Enclosed is an origin	al and one (1) co	py of the articles o	of incorporation a	and a check
for : \$70.00 Filling Fee	\$78.75 Filing Fee & Certificate	X \$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy	SECULIARIASS TALLARIASS
FROM		JOSEPH & LYNETTE LAFATA  Name (printed or typed)		MII: 25
	13811 LA	13811 LAKE VILLAGE PL. Address		รั เกตก (696389
	T'AMPA, F	L 33624 ty, State & Zip	-01/	/24/9601027012 **122.50 ****122.50
•		9-0816 Telephone number		

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

JAN 2 9 1996 BSB

## ARTICLES OF INCORPORATION

96 JAN 24 AH II 25

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

#### ARTICLE I NAME

The name of the corporation shall be:

ABBY DISTRIBUTING, INC.

### ARTICLE II PRINCIPAL OFFICE

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

13811 LAKE VILLAGE PL. TAMPA, FL 33624

#### ARTICLE III SHARES

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

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JOSEPH LAFATA 13811 LAKE VILLAGE PL TAMPA, FL 33624

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

JOSEPH & LYNETTE LAFATA 13811 LAKE VILLAGE PL. TAMPA, FL 33624

The und	ersigned incorporator(s) has(ha	ve) executed these Afficies of Incorporation i
21	_ day of	, 19 <u>96</u>
	Oush	Lett
		Signature
	War with	Dereti
		<b>S</b> ignature
		Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF 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:	ABBY DISTRIBUTING, INC.	
2.	The name and address of the is	stered agent and office is:	Signal Si
	JOSEPH LAFATA (NAME)		
		LAKE VILLAGE PL.	Rolling
	ТАМРА	A, FL 33624 (CITY/STATE/ZIP)	<del> </del>

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 obligations of my position as registered agent.

(SIGNATURE) (DATE)