

P96000021473
TRANSMITTAL LETTER

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

SUBJECT: Affiliated Brokers Network, Inc.
(Proposed corporate name - must include suffix)

600001728896
-02/29/96--01074--012
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Allan B. Faber
Name (printed or typed)

18654 Cape Sable Drive
Address

Boca Raton, FL 33498
City, State & Zip

(407) 883-6433
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAR -8 PM 1:45

RECEIVED

789 624 671
WA6-4765

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

GB 3/8/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
96 MAR -8 PM 1:45
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

March 4, 1996

ALLAN B. FABER
18654 CAPE SABLE DR
BOCA RATON, FL 33498

SUBJECT: AFFILIATED BROKERS NETWORK, INC.
Ref. Number: W96000004765

We have received your document for AFFILIATED BROKERS NETWORK, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

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) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 096A00009408

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Affiliated Brokers Network, Inc.

ARTICLE II PRINCIPAL OFFICE

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

18654 Cape Sable Drive
Boca Raton, FL 33498

ARTICLE III SHARES

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

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Allan Faber
18654 Cape Sable Drive
Boca Raton, FL 33498

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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).

Allan Faber
18654 Cape Sable Drive
Boca Raton, FL 33498

Elaine G. Grossman, Interior, INC.
18654 Cape Sable Drive
Boca Raton, FL 33498

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

06TH day of MARCH, 19 96.

A. Faber

Signature

E. Elaine Grossman

ELAINE G. GROSSMAN, INC., PRESIDENT

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: Affiliated Brokers Network, Inc.

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

Allan Faber
(NAME)

18654 Cape Sable Drive
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boca Raton, FL 33498
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA
STATE

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)

3/6/96
(DATE)