

P96000.104031

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FLORIDA 32399

SUBJECT: AB CORP, INC.

I ENCLOSE AN ORIGINAL AND 1 COPY OF THE ARTICLES OF
INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE
AMOUNT OF \$70.00 IN ORDER TO FORM THE ABOVE REFERENCED
CORPORATION AS OF NOVEMBER 1, 1996.

FROM:

CAROL LYNN MONVILLE
3801 BEE RIDGE ROAD, SUITE 12B
SARASOTA, FLORIDA 34233

(941) 924-1040

700002003657--3
-11/13/96--01181--001
*****70.00 *****70.00

~~625 502 672~~
~~W96 2 B55~~

EFFECTIVE DATE
Jan 4, 1997

Dmc
12-30-96

FILED
95 DEC 27 PM 2:49
SEC.
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 18, 1996

CAROL LYNN MONVILLE
3801 BEE RIDGE ROAD #12B
SARASOTA, FL 34233

SUBJECT: AB CORP, INC.
Ref. Number: W96000024355

*See corrected
attached*

We have received your document for AB CORP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

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

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 096A00052403

ARTICLES OF INCORPORATION
OF
AB CORP OF SARASOTA, INC.

FILED
96 DEC 27 PM 2:49
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE

Jan 1, 1997

THE NAME OF THE CORPORATION SHALL BE:

AB CORP OF SARASOTA, INC.

ARTICLE II - PRINCIPLE OFFICE

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

3801 BEE RIDGE ROAD, SUITE 12B
SARASOTA, FLORIDA 34233

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

CAROL LYNN MONVILLE
3801 BEE RIDGE ROAD, SUITE 12B
SARASOTA, FLORIDA 34233

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE
ARTICLES OF INCORPORATION IS:

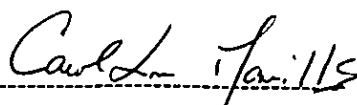
CAROL LYNN MONVILLE
3801 BEE RIDGE ROAD, SUITE 12B
SARASOTA, FLORIDA 34233

ARTICLE VI - EFFECTIVE DATE

PURSUANT TO SECTION 607.0123 OF THE FLORIDA STATUTES, THE
EFFECTIVE DATE OF THIS DOCUMENT SHALL BE:

JANUARY 1, 1997

THE UNDERSIGNED HAS EXECUTED THE ARTICLES OF CORPORATION THIS
23RD DAY OF DECEMBER 1996.



CAROL LYNN MONVILLE
INCORPORATOR

FILED

CERTIFICATE OF DESIGNATION 95 DEC 27 PM 2:49

REGISTERED AGENT/REGISTERED OFFICE STATE OF FLORIDA

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:

AB CORP OF SARASOTA, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

CAROL LYNN MONVILLE
3801 BEE RIDGE ROAD, SUITE 12B
SARASOTA, FLORIDA 34233

SIGNATURE: Carol Lynn Monville

TITLE: PRESIDENT/OWNER

DATE: 12/23/96

HAVING BEEN NAMED AS REGISTERED AGENT AND NOT 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: Carol Lynn Monville

DATE: 12/23/96