

P 97-000021801
TRANSMITTAL LETTER

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

800002096458--3
-02/25/97--01048--003
****131.25 ****131.25

SUBJECT: Associates Inc.
IBD Associates Inc.
(Proposed corporate name - must include suffix)

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

FROM: Abe N. Fenster
Name (printed or typed)
602 Enclave Circle East
Address
Pembroke Pines, Fl. 33027
City, State & Zip
954-435-5779
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

97 MAR 11 AM 9:35

FILED

Handwritten notes and signatures:
JH
3/11/97
4832
PH 2/28/97

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 28, 1997

ABE N. FENSTER
602 ENCLAVE CIRCLE E
PEMBROKE PINES, FL 33027

SUBJECT: IBD ASSOCIATES, INC.
Ref. Number: W97000004832

We have received your document for IBD ASSOCIATES, 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 corporate name must be identical throughout the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 897A00010638

ARTICLES OF INCORPORATION

OF

IBD ~~Associates, Inc.~~ ASSOCIATES, INC.

FILED

97 MAR 11 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ~~IBD Associates, Inc.~~

IBD ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

602 Enclave Circle East
Pembroke Pines, Fl. 33027
954-435-5779

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Abe N. Fenster
602 SW 156 Ave.
Pembroke Pines, Fl. 33027

954-435-5779

ARTICLE V INCORPORATOR(S)

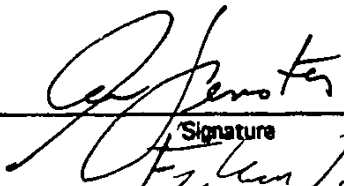
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

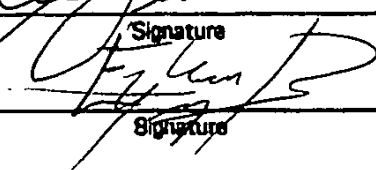
Abe N. Fenster, 602 SW 156 Ave., Pembroke Pines, FL, 33027

Eva Ribada-Fenster, 602 SW 156 Ave., Pembroke Pines, FL, 33027

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

3 day of Feb., 1997.



Signature


Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

FILED

97 MAR 11 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: IBD Associates, Inc.

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

Abe N. Fenster

(Name)

602 SW 156 Ave.


(P.O. Box not acceptable)

Pembroke Pines, Fl. 33027

(City/State/Zip)

954-435-5779

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)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL