TRANSMITTAL LETTER

M1000079283

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

BLE PROTECO	TIVE SERVI	CES INC	<u>.</u>		
· ·	ε	00002128 -03/31/970 ****131.25	190 1040003 ****131.29		
i one(1) copy of the article	es of incorporation and a	check for :	•		
☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
ADDITIONAL COPY REQUIRED					
FROM: SABATINO J. MARMORA Name (Printed or typed)					
2371 NW 33 ST #710 Address					
FT. LAUNERDALE FLA 33309 19 19					
954-777 0018					
	/i i	FLORIDA	! O		
	i one(1) copy of the article \$78.75 Filing Fee & Certificate ABATINO Name (Printe) 71 NW 33 Addi - LAUSERDA City, State	i one(1) copy of the articles of incorporation and a \$78.75 Filing Fee & Certificate ADDITIONAL CO Name (Printed or typed) Address	(Proposed corporate name - must include suffix) Copy of the articles of incorporation and a check for : S78.75		

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

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:

ABLE PROTECTIVE SERVICES, INCOMES

ARTICLE II PRINCIPAL OFFICE

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

2371 N.W. 33RD ST #710 FT. LAUDERDALE, FLA 33309

ARTICLE III SHARES

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

ONE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SABATINO J. MAZMORA 237/ NW 33AD ST #710 FT. LAUDERSALE FLA 33309

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):

SABATINO J. MARMORA DIRECTOR 33309
2371 NW 33 ST HTIS PT. LANDERSPIC FLA 33309
MARK CLEMENTE, DIRECTOR & VIP.
10,7 NN 30 ST WILTON MANSIES, PLA 33311
CRIARE J. ROTONDI, SECT. DINOCTOR
2371 NW 33 ST #710, PT. LANDERCONIE, PL 33309

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

28 day of March , 19 97.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Notarization is not required

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 ABLE PROTECTIVE SERVICES I	<u>~</u>
2.	The name and address of the registered agent and office is:	_
	SABATINO J. MARMORA TES 97	FI
	2371 NW 33,00 ST #710	
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE) FLA 33309 (CITY/STATE/ZIP)	?

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) 3/28/97
(Date)

TRANSMITTAL LETTER

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



ABLE PROTECTIVE SERVICES INC.

(Proposed corporate name - must include suffix) SUBJECT:

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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: SABATINO J. MARMORA
Name (Printed or typed)

2371 NW 33 ST #710
Address

FT. LAUNERNALE FLA 33309 City, State & Zip

954-777 0018

Daytime Telephone number