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### CORPORATION(S) NAME

concept	5 Inc.	
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Profit ) NonProfit	( ) Amendment	( ) Murger
) Foreign	( ) Dissolution	( ) Mark
) Limited Partnership ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent
Certifled Copy	( ) Photo Caples	( ) Certificate Under Seal
) Call When Ready Walk in (	( ) Call If Problem ) Will Walt	( ) After 4:30

CERTIFIED COPY

CR2E031 (R8-85)

Examina

Verifier

# ARTICLES OF INCORPORATION

of

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ABS FRANCHISE DEVELOPMENT CONCEPTS I
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.
The name of the corporation is:  ARTICLE 1 - CORPORATE NAME  The name of the corporation is:  ARTICLE 11 - DURATION  ARTICLE 11 - DURATION
This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
The corporation is authorized to issue 200 hund (shares (200)) of 9/0.00  Dollar(s) (* 100) par value Common Stock, which shall be designated "Common Shares".
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:
NAME ARTHUR DILVERSTONE
ADDRESS/ 10413 LAKE 1/15TA CIRCLE
CITY DOCA ATON FLORIDA ZIP 33498
The principal office, if known, or the mailing address of the corporation is:
NAME DETTY VILVERSTONE,
ADDRESS / 104B LAKE NISTA CIRCLE
CITY DOCA KATON FLORIDA ZIP, 39498

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have <u>THREE</u> ( <u>3</u> ) increased or diminished from time to time by the By-Laws, but of the initial director(s) of the corporation are as follows:	directors initially. The number of directors shall never be less than one (1). The name	
NAME EMAINE SILVERSTONE		
ADDRESS 26 PANION DRIVE		
CITY DID DEIGH	STATE NT	ZIP 08857
NAME BRUAN SOLVERSTONE		2.17 //085 /
ADDRESS / 10412 LAKE 1/15TA	Circl+	
CITY DOCIA ANTON	STATE F/	ZIP, 3,3498
NAME SMY JACOBS		
ADDRESS 6144 NEWPORT	VillAge WAY	
CITY LAKE WORTH	STATE F	ZIP
ARTICLE VI I - IN	CORPORATORS	
The names and addresses of the incorporators signing these A	rticles of incorporation are as follows:	
NAME ARTHUR DILVESST	ONE	
ADDRESS , 104/31 LAKE VISTA	Circle	
CITY BORA KATOWS	STATE FI	ZIP 334 98
NAME BETTY SIVERSTA	PNE D	
ADDRESS / OH 13 LAKE	ISTA CIRCLE	
CITY BOCK KATON	STATE /	ZIP.33498
NAME Brysh DILVERSTONE	$ \frac{1}{1}$	
ADDRESS 10413 ALKE VISTA	Circle	
CITY DOCA SATON	STATE FL	ZIP 33492
IN WITNESS WHEREOF, the undersigned subscriber(s) have	e executed these Articles of Incorporation	this 19 th
day of May 19 9 9		
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<del>/</del>	Betty Swerstone	(Scal) <u>حــ</u>
_	pufox Slow	(Scal)

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 10413 MAKE 115TA CIRCLE

DOCA MATON FLORIDA 33498

Mas named RTHUR SILVERSTONE

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)