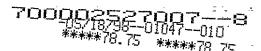
P98000045174

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



	BB, INC.				-
(F	Proposed corporate	e name - must include suf	ffix)		
Enclosed is an original for:	and one (1) cop	by of the articles of i	ncorporation ar	nd a check	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	÷	- <u>t</u>
FROM:		USINESS SERVICE e (printed or typed)	S		
	***************************************	ARPON AVENUE Address RINGS, FL 3468	9 .	98 MA SECRET TALLAIL	
	(813) 934	ity, State & Zip -7759 e Telephone number		Y 18 PN 3. ARY OF STA	
				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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

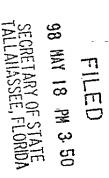
ARTICLES OF INCORPORATION

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:

APBS, Inc.



ARTICLE II PRINCIPAL OFFICE

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

3681 Amelia Way Palm Harbor, FL 34684

ARTICLE III SHARES

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

Five-Hundred (500) Shares Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Anita L.Castricone 3681 Amelia Way Palm Harbor, FL 34684

ARTICLE V INCORPORATOR(S)

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

Anita L. Castricone (SSN: 061-54-0837) 3681 Amelia Way Palm Harbor, FL 34684

14th	day of	Мау	, 19 <u>98</u> .	·
ant	a L (astricone	,	
0000	<u> </u>	Signature		···
		Signature		
		Signature		*-

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:	APBS, 1	INC.	
2. The name and	d address of the register	ed agent a	and office is:	
	Anita L. Castric	ono		
			=	—— <u></u> ₹≌ :
	(Name)		CRI N
	3681 Amelia Way			
	(P.O. Box	not accept	able)	
				THE PO
	Palm Harbor, FL	34684		— OZ w
	(Cîty	/State/Zip)		52 · 5
				Þ.,, 0
Having heen na	med as registered agent	and to acc	ent senvice of n	rocess for the
above stated cor	poration at the place des as registered agent and	signated in	this certificate,	I hereby accept
the appointment	as registered agent and	agree to a	oct in this capaci	ty. I further agree
to compry with the mance of my dut	ne provisions of all statut ies, and I am familiar with	es relatility h and acce	nto the proper an	na complete perior- ns of my position
as registered age	ent.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p
	<i>a</i> .			
a.to V	1 / atria		-	
una o). (usuncone	<u> </u>	May 14, 1998	·
(Signature)		(Da	te)