

TRANSMITTAL LETTER

P99000052845

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

000002896930--1
-06/07/99--01130--005
*****87.50 *****87.50

SUBJECT: A.B. S. Services, 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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ ~~\$87.50~~ Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Doreen Marie McBrien
Name (Printed or typed)
Address

7327 SW 25th Ct Dade, FL
City, State & Zip
33317
954-370-7708
Daytime Telephone number

FILED
99 JUN -7 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH JUN 10 1999

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

A.B.S. Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7327 SW 25th Ct
Davie, FL 33317

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 Florida street address of the initial registered agent are:

Doreen Marie McBrien
7327 SW 25th Ct
Davie, FL 33317

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Doreen M. McBrien
7327 SW 25th Ct
Davie, FL 33317

Doreen M. McBrien

Signature/Incorporator

May-1-99

Date

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

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

Doreen M. McBrien

Signature/Registered Agent

5-1-99

Date

FILED
99 JUN -7 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article VI

Officers and Directors

P- Doreen Marie McBrien

C- Phillip Rodon