

P99000072956  
TRANSMITTAL LETTER

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

700002953657--3  
-08/09/99-01041--001  
\*\*\*\*323.75 \*\*\*\*78.75

March 22, 1999

**SUBJECT:** ABP Group, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a  
check for :  
\$78.75 Filing Fee & Certified Copy

**ADDITIONAL COPY REQUIRED**

**FROM:**

Name Bruce Wilson  
Address 2151 East Semoran Blvd.  
City, State & Zip Apopka, FL 32703  
Daytime Telephone number 407-295-5009

FILED  
99 AUG -9 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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

8-16  
WS

## 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:  
ABP Group, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
2151 East Semoran Blvd.  
Apopka, Fl 32703

### ARTICLE III SHARES


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

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:  
Bruce Wilson  
2151 East Semoran Blvd.  
Apopka, Fl 32703

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:  
Lloyd A. Kelley  
2151 East Semoran Blvd.  
Apopka, Fl 32703




8-5-99

Signature/Incorporator

Date

*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*



8/5/99

Signature/Registered Agent

Date

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