(Re	equestor's Name)	
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

4099-W12000055747



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: ABBI, INC.	
Name of corporation - must include suffix	K
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Trans" ("Certificate of Existence," or "Certificate of Good Standing" and check are above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Gerald Pitts	
Name of Person	
Wyoming Corporate Services, Inc.	
Firm/Company	
2710 Thomes Ave	
Address	
Cheyenne WY 82001	
City/State and Zip code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please call:	
Dianne Freeze at (800) 405-2827	
Name of Person Area Code & Daytime Tele	ephone Number
New Filing Section New Filing Division of Corporations Division of Clifton Building P.O. Box 6	GADDRESS: g Section f Corporations
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2012

GERALD PITTS 2710 THOMES AVENUE CHEYENNE, WY 82001

SUBJECT: ABBI, INC.

Ref. Number: W12000035747

We have received your document for ABBI, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 412A00018158

ABBI, INC., PO BOX 1251, TAVARES, FLORIDA 32778 PHONE/FAX 8004052827

Dear Claretha,

Thank you for speaking with me today July 12, 2012.

ABBI, INC is aware of the name on file of ABBIE, Inc. Our president Gerald Pitts does not feel that the name is too similar to our name ABBI, INC. Please file the request for doing business in Florida as a foreign corporation that has been sent previously.

ABBI, INC. is a Wyoming corporation wishing to do business in Florida.

If there is anything else we need to do to meet any Florida requirements regards registering a name to do business in Florida, please email me at consultesc@aol.com or fax me at 8004052827.

Sincerely,

Dianne Freeze Registered Agent for ABBI INC

12 Juli 12 PH In 53

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT $^{\circ}$ **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I. ABBI, Inc.	<u> </u>		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	'ED," "COMPANY," "CORPORATION,"	· · · · · · · · · · · · · · · · · · ·
	٠,		
(If name unavai	lable in Florida, enter alternate corporate n	ame adopted for the purpose of transacting busines	ss in Florida)
Wyoming		3. 202392042	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
03/31/2009	· 	5. Perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
. <u>07/02/2012</u>			
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
2710 Thon	nes Ave Cheyenne WY 8200	01	
	(Principal office		
	_		
P.O. Box	1251, Tavares FL 32778		• '
P.O. Box	1251, Tavares FL 32778 (Current mailing	address)	
	(Current mailing	address)	
Any lawfu	(Current mailing	or country to be carried out in state of Florida)	7
Any lawfu	(Current mailing	or country to be carried out in state of Florida)	Tar 21 In State of the State of
Any lawfu	(Current mailing business s) of corporation authorized in home state	or country to be carried out in state of Florida)	12 JUL 12
Any lawfu (Purpose) Name and stree Name:	(Current mailing business s) of corporation authorized in home state et address of Florida registered agent:	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)	12 JUL 12 PM 4
Any lawfu (Purpose) Name and stre	(Current mailing business s) of corporation authorized in home state et address of Florida registered agent: Dianne Freeze	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)	12 JUL 12 PM 4: 53

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: SECRETARY OF STATE A. DIRECTORS 12 JUL 12 PM 4: 53 Chairman: ___ Address: ___ Vice Chairman: Address: __ Director: Address: Director: Address: __ **B. OFFICERS** President: Gerald Pitts homes Ave. 8200 Vice President: Address: Secretary: _____ Address: __ Treasurer: __ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Typed or printed name and capacity of person signing application)

14. Gerald Pitts, President

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

ABBI, Inc. is a Profit Corporation

did on **March 31, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000567718**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of June, 2012 at 8:10 AM.



Secretary of State

Posolio Gonzale

Rosalie Gonzales