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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

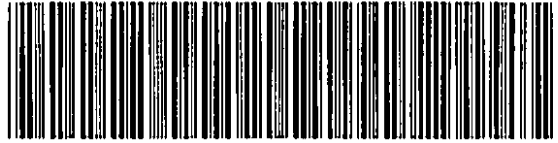
(Document Number)

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5/19
6/1/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abby Delgoffe S-Corp
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Abby Delgoffe
Name of Person

Firm/Company

819 Chestnut St
Address

Clermont, FL 34711
City/State and Zip code

abby.delgoffe@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Delgoffe at (904) 250-1809
Name of Person Area Code Daytime Telephone Number

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STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1907, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Abby Delouffe Corp
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "LIMITED," "CO.," "CORP.," "INC.," "CO.," or "CORP.")

(If name inconsistent with state or other authority, corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming (State or country of incorporation) 3. 83-1948645 (FEI number of applicant)

4. September 17, 2018 (Date of incorporation) 5. _____ (Date of first transaction in Florida)

6. June 15, 2020 (Date first transacted business in Florida, if prior to registration)


407-A Old Hwy 50, Minneola FL 34715
(Principal office street address)

(If other mailing address, if different)

7. Name and street address of Florida registered agent: (P.O. BOX NOT ACCEPTABLE)
Name: Abby Delouffe
Office Address: 407-A Old Hwy 50
Minneola (City) Florida (State) 34715 (Zip code)

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8. Registered agent's acceptance:
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 agree 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.


(Registered agent's signature)

9. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of Finance, by the Secretary of State of the state or other authority of the jurisdiction in which it is incorporated.

A. DIRECTORS

Chairman Name: Abby Delgoffe

Vice Chairman Address: 819 C. Westnut St

Director Clermont, FL 34711

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

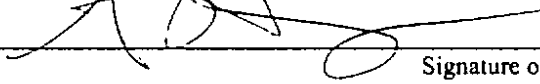
Vice President _____

Secretary Treasurer

Other _____ Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Abby Delgoffe, President
 (Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Abby Delgoffe
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **September 17, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000820693**.

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 12th day of May, 2020 at 10:16 AM. This certificate is assigned ID Number 036663330.



Edward A. Buchanan
Secretary of State

2020 JUN 12 AM 4:04



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2020

ABBY DELGOFFE
819 CHESTNUT ST
CLERMONT, FL 34711 US

SUBJECT: ABBY DELGOFFE CORP
Ref. Number: W20000052702

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

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 620A00010737

RECEIVED
JUN 12 2020