

(Requestor's Name)				
(444)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

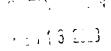
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02/02/23--01028--020 **70.00





COVER LETTER

TO: Registration Section			
Division of Corporations			
ABX GROUP INC			
SUBJECT: N	lame of corporation - n	ust include suffix	
	, , , , , , , , , , , , , , , , , , ,		
Dear Sir or Madam:			
The enclosed "Application by Foreign Certificate of Existence," or "Certificate of enclosed foreign corporation above referenced foreign corporation."	ficate of Good Standing	g" and check are submitted to re	
Please return all correspondence cor FELIKS MOSKVIN	neerning this matter to	the following:	
	Name of Per	son	
5400 BROKEN SOUND BLVD APT 222	Firm/Compar	ny	
	Address		
BOCA RATON FL 33487	Addiess		
	City/State and I	Zip code	,
FELIKSMOSKVIN@GMAIL.COM			1 13
E-mail ac	ddress: (to be used for t	future annual report notification	1),
For further information concerning	this matter, please call:		· T
YULIA LAVRIK	917	399-7603	0
	at ()	Daytime Telephone Num	
Name of Person	Area Code	Daytime Telephone Num	ber
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporation; P.O. Box 6327 Tallahassee, FL 32314	
_	DA DEPARTMENT OF Filing Fee &	78.75 Filing Fee & \$87. Certified Copy Cer	.50 Filing Fec, tificate of Status & tified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION	<u></u>
ABX PLUS INC			
(If name unavaila PENNSYLVANI		8-4194863	g business in Florida)
(State or country 08/20/2021	y under the law of which it is incorporated)	(FEI number, if applicable)	
	of incorporation) 5.	(Date of duration, if other t	han perpetual)
`	· · · · · · · · · · · · · · · · · · ·		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 FBAY A, FORT LAUDERDALE, FL 33311		y)
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O. FELIKS MOSKVIN	. Box <u>NOT</u> acceptable)	1634
Name:	2570 NW 4TH CT BAY A		1
ffice Address:	257/FNW 41H C1 DATA		
	FORT LAUDERDALE	33311 , Florida	
	(City)	(Zip code)	9
laving been num esignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agre lative to the proper and complet	e to act in this capaci
_	woch		_
_	(Registered agent's sig	gnature)	
0. Attached is a	certificate of existence duly authenticated.	not more than 90 days prior to de	livery of this applicat

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	TITLE C MACAGINATINI				
□ Chairman	FELIKS MOSKVIN Name:	□Chairman	Name:		
□Vice Chairman	BOCA RATON FL 33487 Address:	□Vice Chairman	Address:		
Director		□Director			
President		□President			
□Vice President		□Vice President			
□Secretary	☐Treasurer	☐Secretary	□Treasurer		
□Other		□Other	Other		
□ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	<u> </u>	□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐Secretary	□Treasurer		
□Other	□Other	□Other	Other		
					
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director	- 		
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	□Other	□Other	□Other		
individuals may be	Use an attachment to report more than six (6). The at e added to the index when filing your Florida Departs Signature of Director	nent of State Annual R	Leport 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. FELIKS MOSKVIN PRESIDENT 13.					

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057

dos.pa.gov/BusinessCharities

Regarding:

ABX GROUP Inc.

Request Type:

Subsistence Certificate

Issuance Date: January 25, 2023

File No.:

Request No.:

008556118

0007349247

Receipt No.:

000346174

Filing Type:

Domestic Business Corporation

Filing Subtype:

Business

Initial Filing Date: August 20, 2021

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

ABX GROUP Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Acting Secretary of the Commonwealth

Men Suhn

Verify this certificate online at www.file.dos.pa.gov