

Division of Corporations

P190000037393

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000149574 3)))



H190001495743ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: devoiry@ymoskowitzcpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Abes Medical Advisory Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2019 MAY -6 PM 11:00:07

19 MAY -6 AM 9:22

Electronic Filing Menu

Corporate Filing Menu

Help

(((H19000149574 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Abes Medical Advisory Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
411 Walnut Street #6558
Green Cove Springs, FL 32043

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Advisor

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Abe Robin, OFFICER Name and Title: _____

Address 411 Walnut Street #6558 Address: _____
Green Cove Springs, FL 32043

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(((H19000149574 3)))

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Brian Abe Robin

Address: 411 Walnut Street #6558
Green Cove Springs, FL 32043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Abe Robin

Address: 411 Walnut Street #6558
Green Cove Springs, FL 32043

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

<u>/s/ Brian Abe Robin</u>	<u>05/06/2019</u>
Required Signature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

<u>/s/ Brian Abe Robin</u>	<u>05/06/2019</u>
Required Signature/Incorporator	Date

(((H19000149574 3)))