

P23000056840  
Division of Corporations

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

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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Email Address: ABICOLOSO.REALTOR@GMAIL.COM

RECEIVED  
2023 JUL 32 PM 4:48  
CORPORATIONS  
OF FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
Abigail Coloso Co

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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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: Abigail Coloso Co

ARTICLE II PRINCIPAL OFFICE

Principal street address: 8765 Castries Port Pl, Apt 203  
Tampa, FL 33619  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal of Lawful Purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abigail Coloso - President/Director Name and Title: \_\_\_\_\_  
Address: 8765 Castries Port Pl, Apt 203 Address: \_\_\_\_\_  
Tampa, FL 33619 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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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: Abigail Coloso  
 Address: 8765 Castries Port Pl, Apt 203  
Tampa, FL 33619

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Abigail Coloso  
 Address: 8765 Castries Port Pl, Apt 203  
Tampa, FL 33619

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**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 days prior or 90 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*

Abigail Coloso  
ABIGAIL COLOSO, INCORPORATOR  
 \_\_\_\_\_  
 Required Signature/Registered Agent

August 1, 2023  
 \_\_\_\_\_  
 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.*

Abigail Coloso  
ABIGAIL COLOSO, INCORPORATOR  
 \_\_\_\_\_  
 Required Signature/Incorporator

August 1, 2023  
 \_\_\_\_\_  
 Date