

P110000064749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

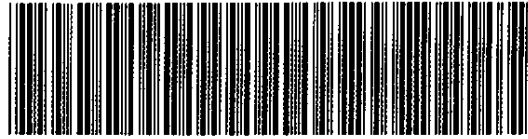
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ABO RABAH BROTHERS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: **SAMIR R ISMAIL**

Name (Printed or typed)

11410 NW 29 STREET

Address

SUNRISE FL 33323

City, State & Zip

786-879-3092 OR 954-513-0662

Daytime Telephone number

MOHANND_SA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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:

ABO RABA7 BROTHERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

11410 NW 29 STREET

SUNRISE FL 33323

Mailing address, if different is:

11410 NW 29 STREET

SUNRISE FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMIR R ISMAIL

Address: 11410 NW 29 STREET

SUNRISE FL 33323

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SAMIR R ISMAIL

Address: 11410 NW 29 STREET

SUNRISE FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMIR R ISMAIL

Address: 11410 NW 29 STREET

SUNRISE FL 33323

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

Samir R. Ismail

Required Signature/Registered Agent

07/13/11

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.

Samir R. Ismail

Required Signature/Incorporator

07/13/11

Date

11 JUL 19 AM 7:56