

P12000088835

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COVER LETTER

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

SUBJECT: ABANICO 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: Raul monzon
Name (Printed or typed)

481 56 ter s
Address

west palm beach ,fl 33415
City, State & Zip

(561)800-7171
Daytime Telephone number

lady887@gmail.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:

ABANICO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

481 56 ter s
west palm beach fl 33415

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
this company is organized for DEMOLITIONS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raul Monzon / director

Address: 481 56 ter s
west palm beach fl 33415

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: Raul monzon

Address: 481 56 ter s
west palm beach fl 33415


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raul Monzon

Address: 481 56 ter s
west palm beach fl 33415


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



Required Signature/Registered Agent

10-16-12
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.



Required Signature/Incorporator

10-16-12
Date

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