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(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
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June 13, 2017

SUSANNA MILLER 2650 DADE AVE #1541 ORLANDO, FL 32804

SUBJECT: ABE AI, INC

Ref. Number: W17000046472

We have received your document for ABE AI, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

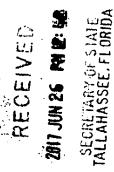
The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 817A00011042



COVER LETTER

	gistration Section vision of Corporat	ions			
SUBJECT	ABE AI, INC.				
SUBJECT		Name of cor	poration -	must include suffix	· · · · ·
Dear Sir or	Madam:				
"Certificate	e of Existence," or		ood Stand	uthorization to Transacting" and check are subnin Florida.	
Please retur Susanna Mi	-	nce concerning thi	is matter t	o the following:	
		N	lame of Pe	rson	
ABE AI, IN	С				
		Fi	rm/Comp	any	
2650 Dade A	Ave #1541				
			Address	3	
Orlando, FL	. 32804				
		City	/State and	Zip code	
susanna@at					
	E.	mail address: (to b	e used for	future annual report no	otification)
For further	information conc	erning this matter,	please cal	l:	
Susanna Miller 407 4502178					
Na	me of Person		rea Code) Daytime Telepho	one Number
110				Daytimo Totopin	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is	a check for the fo	ollowing amount:			
570.00 1	Filing Fee	\$78.75 Filing Fee Certificate of Stat		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified 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.

Delaware			ng business in Florida)
	Delaware 82-1		
(State or country under the law of which it is incorporated)		(FEI number, if a	pplicable)
April 11, 2017	5	Perpetual	
(Date of incorporation) 5.		(Date of duration, if othe	r than perpetual)
April 11, 2017			
		in Florida, if prior to registration)	2
2650 Dade Ave #15	(SEE SECTIONS 607.1501 & 607. 41, Orlando, FL 32804	1502, F.S., to determine penalty liabi	lity)
Same as office addr		cipal office address)	
Same as office addi			7
	(Current mai	ling address, if different)	17.
	address of Florida registered agent: (P	O.O. Box NOT acceptable)	SS 25
Name:	Robert Guilfoyle		7 m
300	2650 Dade Ave #1541		
fice Address:	O. I		
-	Orlando	32804 , Florida	
	(City)	(Zip code)	
Registered agent	t's acceptance:		
aving been named	as registered agent and to accept ser		
-	oplication, I hereby accept the appoin		•
rtner apree to con	iply with the provisions of all statutes	s relative to the proper and comp	lete performance of my nt.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

	ECTORS Robert Guilfoyle	
Chairman	2650 Dade Ave #1541	-
Address:	Orlando FL 32804	
Vice Chai	rman:	
Address:		
Director:		
Address:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Director:		
Address:		
B. OFF	ICERS	7.77
	Robert Guilfoyle	
Address:	2650 Dade Ave #1541	Charles of
	Orlando FL 32804	
Vice Pres	Keith Armstrong	BA E
Address:	2650 Dade Ave #1541	<u> </u>
	Orlando FL 32804	
Secretary	Susanna Miller	
Address:	2650 Dade Ave #1541, Orlando FL 32804	
Treasurer		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional office	cers and/or directors.
	eanna Miller	
are true a a third do	Signature of Director or Officer eer or director signing this document (and who is listed in number 11 above) affirment that he or she is aware that false information submitted in a document to the Deegree felony as provided for in s.817.155, F.S. Inna Miller, Secretary	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "ABE AI, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE ELEVENTH DAY OF APRIL,

A.D. 2017, AT 3:05 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE THIRTEENTH DAY OF APRIL, A.D. 2017, AT 5:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "ABE AI, INC.".

Authentication: 202595328

Date: 05-24-17