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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

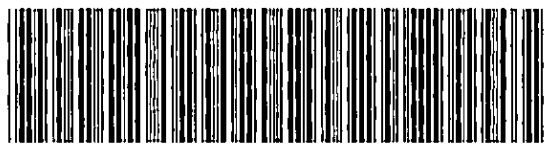
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 16 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2019

ABRAHAM RICHARD  
67 WASHINGTON AVENUE  
VALLEY STREAM, NY 11580

SUBJECT: ABRAHAM'S TRANSPORTATION SERVICE INC.  
Ref. Number: W19000042664

We have received your document for ABRAHAM'S TRANSPORTATION SERVICE 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return 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) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 719A00008757

**RECEIVED**  
MAY 15 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Abraham's Transportation Service Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Abraham Richard  
Name of Person  
Abraham's Transportation Service Inc.  
Firm/Company  
67 Washington  
Address  
Valley Stream, New York 11580  
City/State and Zip code  
abestransit@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abraham Richard at (917) 295 9958  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$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.

1. ABRAHAM'S TRANSPORTATION SERVICE, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ABRAHAM'S TRANSPORTATION SERVICE, INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/13/1999 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. June 1, 2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12902 Owasso Lane Clarmont, Florida 34711  
(Principal office address)

67 Washington Avenue Valley Stream, N.Y. 11580  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Abraham Richards

Office Address: 12902 Owasso Lane  
Clarmont, Florida 34711  
(City) (Zip code)

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STATE OF FLORIDA  
DEPARTMENT OF STATE

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Abraham Richards  
(Registered agent's signature)

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:

**A. DIRECTORS**

Chairman:

*Abraham Richard*

Address:

*12902 Owasso Lane Clarmont FL 34711*

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President:

*Abraham Richard*

Address:

*12902 Owasso Lane Clarmont FL 34711*

Vice President:

Address:

Secretary:

*Abraham Richard*

Address:

*12902 Owasso Lane Clarmont FL 34711*

Treasurer:

Address:

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *Abraham Richard*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. *Abraham Richards*

*president*

(Typed or printed name and capacity of person signing application)

State of New York  
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ABRAHAM'S TRANSPORTATION SERVICE, INC. was filed on 12/13/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 15th day of April two  
thousand and nineteen.

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark  
Deputy Secretary of State