

F190000004700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

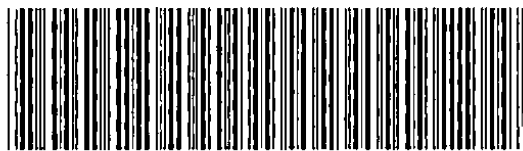
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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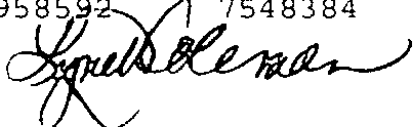
OCT 18

M. SOLC

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 958592 7548384

AUTHORIZATION : 

COST LIMIT : \$ 70.00

ORDER DATE : October 11, 2019

ORDER TIME : 9:30 AM

ORDER NO. : 958592-025

CUSTOMER NO: 7548384

FOREIGN FILINGS

NAME: GABBY INSTALLATION SERVICES,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2019

CSC

RESUBMIT

Please give original
submission date as file date

SUBJECT: GABBY INSTALLATION SERVICES, INC.
Ref. Number: W19000092353

We have received your document for GABBY INSTALLATION SERVICES, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

The Certificate of Good Standing is for another company and for an LLC.

If you have any questions concerning the filing of your document, please call
(850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 719A00021461

19 OCT 17 PM 4:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gabby Installation Services, 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:

Mark Domash

_____ Park Street Management	_____ Name of Person
_____ 844 Alton Road Suite 3	_____ Firm/Company
_____ Miami Beach, FL 33139	_____ Address
_____ mdomash@parkstm.com	_____ City/State and Zip code
_____ E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Mark Domash	786	216-7300
_____ Name of Person	at (_____) 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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Gabby Installation Services, Inc.

1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Tennessee

2.

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

10/11/2019

4.

(Date of incorporation)

5.

perpetual

(Date of duration, if other than perpetual)

6. Upon filing

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

844 Alton Road, Suite 3, Miami Beach, FL, 33139

7.

(Principal office address)

(Current mailing address, if different)

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida

32301

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation as designated in this application, I hereby accept the appointment as registered agent and agree to act in this 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.

Corporation Service Company

By:



(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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 state under the law of which it is incorporated.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Avi Cohen

Address: 844 Alton Road Suite 3, Miami Beach FL 33139

Director: Jill Witter

Address: 844 Alton Road Suite 3, Miami Beach FL 33139

B. OFFICERS

President: Avi Cohen

Address: 844 Alton Road Suite 3, Miami Beach FL 33139

Vice President: _____

Address: _____


Secretary: Jill Witter

Address: 844 Alton Road Suite 3, Miami Beach FL 33139

Treasurer: _____

Address: _____

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

12. 
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 are true and that he or she is aware that false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.

13. Avi Cohen, President
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CORPORATION SERVICE COMPANY
CORPORATION SERVICE SERVICE COMPANY
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

October 14, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0334162

Issuance Date: 10/14/2019
Copies Requested: 1

Document Receipt

Receipt #: 005061052

Filing Fee:

Payment-Credit Card - State Payment Center - CC #: 3767485749

Regarding: Gabby Installation Services, Inc.

Filing Type: For-profit Corporation - Domestic

Control #: 1056624

Formation/Qualification Date: 10/14/2019

Date Formed: 10/14/2019

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective the issuance date noted above

Gabby Installation Services, Inc.

* is a Corporation duly incorporated under the law of this State with a date of incorporation duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 0