

P08000053/59

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)


☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

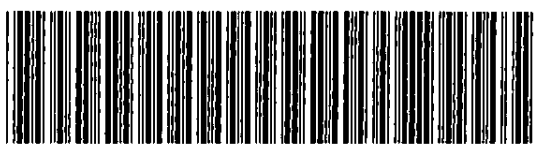
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05/21/08--01028--011 **78.75

FILED
2008 MAY 29 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: (Kinsman)
Abad ~~Kinsman~~ Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Abad Kinsman Inc.

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: Jose Abad
Name (Printed or typed)

6545 Indian Creek Dr. Apt 502
Address

miami Beach, FL 33141
City, State & Zip

(413) 695-1629
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2008

JOSE ABAD
6545 INDIAN CREEK DR.
APT. 502
MIAMI BEACH, FL 33141

SUBJECT: ABAD KINSMAN INC.
Ref. Number: W08000025461

We have received your document for ABAD KINSMAN INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 708A00032539

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:

Abad ~~Kinsman~~ Inc.
(kinsman)

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6545 Indian Creek Dr. Apt 502
Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investment Club

ARTICLE IV SHARES

The number of shares of stock is:

~~1000~~ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jose Abad, President
Luis Abad, Vice-President.
6545 Indian Creek Dr. Apt 502
Miami Beach, FL 33141

ARTICLE VI REGISTERED AGENT

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

Luis Abad
6545 Indian Creek Dr. Apt 502
Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Luis Abad
6545 Indian Creek Dr. Apt 502
Miami Beach, FL 33141

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

Signature/Registered Agent

Signature/Incorporator

5/18/08

Date

5/18/08

Date

2008 MAY 29 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED