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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC -2 PM 4:05

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COVER LETTER

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

SUBJECT: ABC PROFESSIONAL SERVICES CORP.
(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: BERNARDO A. IGLESIAS
Name (Printed or typed)

6901 SW 110th AVE.
Address

MIAMI, FL. 33173
City, State & Zip

305-271-4535
Daytime Telephone number

ABCPROSERVICES@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: **ABC PROFESSIONAL SERVICES CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6901 SW 110th AVE
MIAMI, FL 33173

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **BERNARDO A. IGLESIAS**
Address: **6901 SW 110th AVE**
MIAMI, FL 33173

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: **BERNARDO A. IGLESIAS**
Address: **6901 SW 110th AVE**
MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **BERNARDO A. IGLESIAS**
Address: **6901 SW 110th AVE**
MIAMI, FL 33173

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

11/29/2010
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

11/29/2010
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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