

P11000043883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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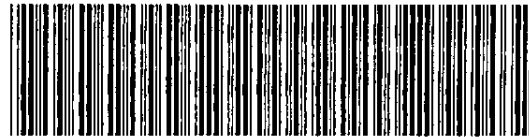
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY -5 PM 4:50

APPROVED  
FILED

## COVER LETTER

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

SUBJECT: **Abacab Industries, Inc.**

(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: **Lisa Vaillancourt**

Name (Printed or typed)

**PO box 161526**

Address

**Altamonte Springs, FL 32716**

City, State & Zip

**407-383-0337**

Daytime Telephone number

**pnovick@hotmail.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: Abacab Industries, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
403 Spring Valley Lane  
Altamonte Springs, FL 32714

Mailing address, if different is:

PO box 161526  
Altamonte Springs FL 32716

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Vaillancourt CEO  
Address: PO box 161526  
Altamonte Springs FL 32716

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Lisa Vaillancourt VP  
Address: PO box 161526  
Altamonte Springs FL 32716

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Lisa Vaillancourt SEC  
Address: PO box 161526  
Altamonte Springs FL 32716

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: Lisa Vaillancourt SEC  
Address: 403 Spring Valley Lane  
Altamonte Springs FL 32716

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Vaillancourt  
Address: PO box 161526  
Altamonte Springs FL 32716

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SECRETARY OF STATE  
TALLAHASSEE FL 32399

FILED

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

Lisa M Vaillancourt

Required Signature/Registered Agent

5/3/2011

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.

Lisa M Vaillancourt

Required Signature/Incorporator

5/3/2011

Date