

P12000/00036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

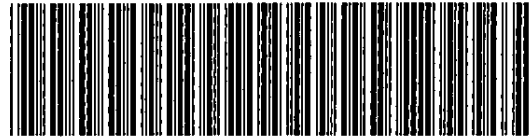
(Business Entity Name)

(Document Number)

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

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11/16/12--01011--021 \*\*78.75

FILED

12 DEC -6 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
12/7/12

47 58215

**COVER LETTER**

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

SUBJECT: ABM Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Inclosed 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: Joseph Morency  
Name (Printed or typed)  
300 N.W. 83rd Street  
Address  
Miami, FL 33150  
City, State & Zip  
786-267-2288  
Daytime Telephone number

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



RECEIVED

12 DEC -6 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2012

JOSEPH MORENCY  
300 N.W. 83RD STREET  
MIAMI, FL 33150

SUBJECT: A B M CORP  
Ref. Number: W12000058215

We have received your document for A B M CORP 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 912A00027811

ARTICLES OF INCORPORATION  
OF  
SANTO ABM CORP.

FILED  
12 DEC -6 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following documents as incorporator of the above named Corporation, a Corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as Incorporator, and those of the Corporation, are determined in accordance with the laws of the State of Florida.

ARTICLE I

NAME

The name of the Corporation shall be :

SANTO ABM CORP.

ARTICLE II

This Corporation shall commence existence upon the filing of these articles of incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and mailing address of this corporation shall be :

5650 NE 2nd Avenue

Miami, Fl. 33137-2562

ARTICLE IV

PURPOSE

The specific purpose (s) for which the corporation is organized is (are)

A Duplex, located at 300-302 NW, Miami, Fl. 33150, for Rental business under Florida Law.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 1000 (one thousand) having a par value of no par value.

Unless otherwise stated in these articles , or in an amendment to these articles, there shall be only 1 (one) class of stock of this corporation.

Shares of stock in the corporation shall not be transferred or sold until the sale or transfer has been reported to and approved by the Board of Directors.

ARTICLE VI

The name and the Street address of the initial Registered Agent is :

JOSEPH MORENCY  
300 NW 83rd Street  
Miami, Fl. 33150

ARTICLE VII

The initial Board of Directors shall consist of one person who is to serve as the initial Director and this person is:

JOSEPH MORENCY, President-Treasurer  
300 NW 83rd Street  
Miami, Fl. 33150

The undersigned incorporator has executed these Articles of incorporation this 8th. day of November 2012 .

Signature of Incorporator

\* Joseph Morency  
JOSEPH MORENCY  
300 NW 83rd Street  
Miami, Fl. 33150

JOSEPH MORENCY

Name of Incorporator

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12 DEC - 6 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12 DEC -6 PM 12: 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 1617-0501, FLORIDA STATUTES  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE  
STATE OF FLORIDA.-

1. The name of the Corporation :

SANTO ABM CORP

2. The name and address of the Registered Agent and Office is :

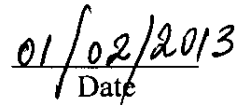
JOSEPH MORENCY

300 NW 83rd Street

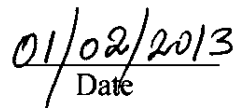
Miami, Fl. 33150

Having been named as Registered Agent and to accept service of process for the above  
stated Corporation at the place designated in this certificate, 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 relating to the proper and complete  
performance of my duties, and I am familiar with and accept the obligations of my  
position as Registered Agent.

  
Signature / Registered Agent

  
Date

  
Signature / Incorporator

  
Date

STATE OF FLORIDA