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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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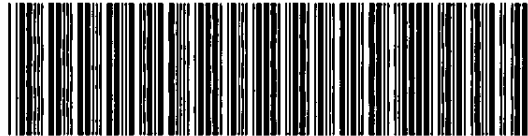
(Business Entity Name)

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AND
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15 JAN -2 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1

COVER LETTER

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

SUBJECT: ISABEL ABELLO EA PA

(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: ISABEL ABELLO

Name (Printed or typed)

6264 92nd PL N, APT 3101

Address

PINELLAS PARK, FL 33782

City, State & Zip

727-643-1460

Daytime Telephone number

IABELLOFL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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AND
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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: ISABEL ABELLO EA PA 15 JAN -2 PM 3:51

ARTICLE II PRINCIPAL OFFICE

Principal street address

6264 92nd PL N, APT 3101
PINELLAS PARK, FL 33782

SECRETARY OF STATE
MAIL ROOM
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL ACCOUNTING & TAX SERVICES

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISABEL ABELLO, PRESIDENT

Name and Title: _____

Address 6264 92nd PL N, APT 3101

Address: _____

PINELLAS PARK, FL 33782

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AND
FILED

(cont.)

15 JAN -2 PM 3:51

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: ISABEL ABELLO
Address: 6264 92nd PL N, APT 3101
PINELLAS PARK, FL 33782

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ISABEL ABELLO
Address: 6264 92nd PL N, APT 3101
PINELLAS PARK, FL 33782

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

<u>Isabel Abello</u>	<u>1/1/2015</u>
Required Signature/Registered Agent	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.

<u>Isabel Abello</u>	<u>1/1/2015</u>
Required Signature/Incorporator	Date