

P15000007037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 26 PM 12:23

115-2312

MD 1/27

COVER LETTER

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

SUBJECT: Abrahams Construction 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: Victor Abraham

Name (Printed or typed)

9359 Dearmont Avenue

Address

Orlando FL 32825

City, State & Zip

321-281-7770

Daytime Telephone number

abrahamsconstructionllc@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2015

VICTOR ABRAHAM
9359 DEARMONT AVENUE
ORLANDO, FL 32825

SUBJECT: ABRAHAMS CONSTRUCTION INC
Ref. Number: W15000002312

We have received your document for ABRAHAMS CONSTRUCTION INC and your check(s) totaling \$70.00. 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 because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00000676

Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314
January 23, 2015

RE: Abrahams Construction Inc

I am writing to certify that the principles in Abrahams Construction LLC and Abrahams Construction Inc are the same in both entities.

I have enclosed the original articles and a copy.

Thank you

Victor Abraham

FILED
15 JAN 26 PM 12:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Abrahams Construction Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9359 Dearmont Avenue

Orlando FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to perform general construction work in
the remodeling of homes

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor M Abraham, President

Name and Title: Luz Dimayra DeLeon, Vice President

Address: 9359 Dearmont Avenue
Orlando FL 32825

Address: 9359 Dearmont Avenue
Orlando FL 32825

Name and Title: Stephan Esteves, 2nd Vice President

Name and Title: _____

Address: 9359 Dearmont Avenue
Orlando FL 32825

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Victor Abraham
Address: 9359 Dearmont Avenue
Orlando FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor Abraham
Address: 9359 Dearmont Avenue
Orlando FL 32825

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

Victor Abraham
Required Signature/Registered Agent

01/06/15
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.

Victor Abraham
Required Signature/Incorporator

01/06/15
Date