PK000019946

(Requestor's Name)				
(Address)				
(Address)				
(City/	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	ne)		
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	iling Officer:			

Office Use Only



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SEERCIARY OF STATE
TALLAHARSEE PLOTIDA

WS 12086

COVER LETTER

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

SUBJECT: Jaz	per Eleven Corp		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d 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
		ADDITIONAL CO	PY REQUIRED
FROM: C	andi Collins		
	Name	(Printed or typed)	
82	200 SW 210 Stre	et, Apt. 107	
		Address	
C	utler Bay, Florida	33189	
	City,	State & Zip	***************************************
78	363461660		
	Daytime T	elephone number	

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

candie.collins@yahoo.com

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2015

CANDI COLLINS 8200 SW 210 ST APT 107 MIAMI, FL 33189

SUBJECT: ABBA CORP Ref. Number: W15000012080

We have received your document for ABBA CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Please return 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.

Letter Number: 515A00003480

Jessica A Fason Regulatory Specialist II FR -2 PM 1:25

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	NCIPAL OFFICE Principal street address	Mail	ing address, if different is:
3200 SW 210	Street, Apt. 107		
Cutler Bay,			
Florida 33189			
RTICLE III PUR he purpose for which t	POSE he corporation is organized is:	istomer servi	ice and sales
RTICLE IV SHA	ures 1000		
RTICLE IV SHA	tres stock is: 1000	. 	
RTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR	<u></u>	
RTICLE V INIT	rial officers and/or director Candi Collins, President	Name and Title:	
RTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:	
RTICLE V INT Name and Title	rial officers and/or director Candi Collins, President	Name and Title:	
RTICLE V INT Name and Title	Candi Collins, President 8200 SW 210 Street, Apt.107	Name and Title:	
RTICLE V INT Name and Title Address	Candi Collins, President 8200 SW 210 Street, Apt.107	Name and Title: Address:	
RTICLE V INT Name and Title Address	Candi Collins, President 8200 SW 210 Street, Apt.107 Cutler Bay Florida, 33189	Name and Title: Address: Name and Title:	SEC ALL
Name and Title Address Name and Title	Candi Collins, President 8200 SW 210 Street, Apt.107 Cutler Bay Florida, 33189	Name and Title: Address: Name and Title: Address:	15 SE JAL
Name and Title Address Name and Title	Candi Collins, President 8200 SW 210 Street, Apt.107 Cutler Bay Florida, 33189	Name and Title: Address: Name and Title: Address:	SEC ALL
Name and Title Address Name and Title	Candi Collins, President 8200 SW 210 Street, Apt.107 Cutler Bay Florida, 33189	Name and Title: Address: Name and Title: Address:	15 MAR - 2 SEGET INT TALLIAHASS
Name and Title Address Name and Title Address	Candi Collins, President 8200 SW 210 Street, Apt.107 Cutler Bay Florida, 33189	Name and Title: Address: Name and Title: Address:	15 MAR -2 PH 1: 1 SECRETARY OF STA TALLAHASSEL FLOR
Name and Title Address Name and Title Address	Candi Collins, President 8200 SW 210 Street, Apt.107 Cutler Bay Florida, 33189	Name and Title: Address: Name and Title: Address: Name and Title:	15 MAR -2 PH I SEORT LARY JES TALLIAMASSE FLO

Name and	d Title:	Name and Title:
Address		Address:
The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	Candi Collins	The registered agent is.
Address:	8200 SW 210 St., Apt. 107	_
	Cutler Bay, Florida 33189	~
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	ldress of the Incorporator is:	
Name:	Candi Collins	_
Address:	8200 SW 210 Street, Apt. 107	, _
	Cutler Bay, Florida 33189) -
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated gistered agent and agree to act in this capacity
	Required Signature/Registered Agent	2/25/2015
	,	true. I am aware that the false information submitted in sy as provided for in s.817.155, F.S.
	Required Signature/Incorporator	5 PAR -2 PH 1:45