

P16000043350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

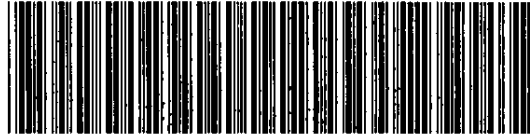
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/16--01013--013 **70.00

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16 MAY 13 PM 6:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RLH
5-19-16

COVER LETTER

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

SUBJECT: ABL Property Solution, 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: Lucas Fenik
Name (Printed or typed)

355 E Shipwreck Rd.
Address

Santa Rosa Beach, 32459 Florida
City, State & Zip

305-903-1792
Daytime Telephone number

lucas@abccoastalconstruction.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: ABL Property Solution, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

36074 Emerald Coast Pkwy

Destin, Florida, 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business in state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucas Fenik, President

Name and Title: Lenuta Adrian Bowman, CEO

Address: 355 E Shipwreck Rd.

Address: 132 Troy Cir, Fort Walton Beach

Santa Rosa Beach, 32459 Florida

32547, Florida

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE FLORIDA

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: Lenuta Adriana Bowman
 Address: 132 Troy Cir, Fort Walton Beach,
Florida 32547

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ARTICLE VII INCORPORATOR

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

Name: Lenuta Adriana Bowman
 Address: 132 Troy Cir, Fort Walton Beach,
32547 Florida

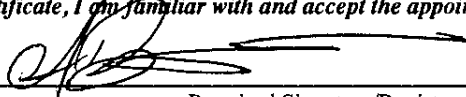
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05.06.2016. (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 05.06.2016
 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.

 05.06.2016
 Required Signature/Incorporator Date