

P160000SSA13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

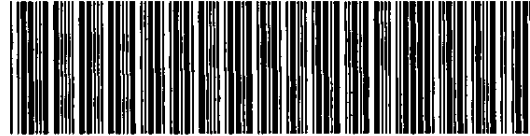
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/16/16--01004--013 \*\*70.00

RECEIVED  
FBI - MIAMI  
JUL 16 2016

16 JUL - 1 AM 6:26

FILED

AB DELIVERY, INC  
6808 N.W. 78 CT  
TAMARAC, FLORIDA 33321

Phone (754) 333-9036  
E-Mail BOCANEGRA61@AOL.COM

May 13, 2016

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

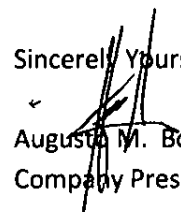
Gentlemen;

Please be advised that I will not reinstate the old Doc # P09000049402, under AB Delivery, Inc.

And I am requesting you file the for profit New Corporation using the same name AB Delivery, Inc.

If you have any questions, please feel free to call me.

Sincerely Yours;

  
Augusta M. Bocanegra  
Company President

## COVER LETTER

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

SUBJECT: AB DELIVERY, 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: NOEL E. ESCOBAR SR- ACCOUNTANT  
Name (Printed or typed)  
4420 S.W 77TH AVENUE  
Address  
DAVIE, FLORIDA 33328  
City, State & Zip  
954-474-5425  
Daytime Telephone number  
BOCANEGRA61@AOL.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

May 24, 2016

AUGUSTO M. BOCANEGRA  
6808 NW 78 CT  
TAMARAC, FL 33321

SUBJECT: AB DELIVERY, INC  
Ref. Number: W16000037576

We have received your document for AB DELIVERY, 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 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 416A00010887

6/3/16 Talk to MA. Scott

2

AB DELIVERY, INC  
6808 N.W. 78 CT  
TAMARAC, FLORIDA 33321

Phone (754) 333-9036  
E-Mail BOCANEGRA61@AOL.COM

May 13, 2016

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

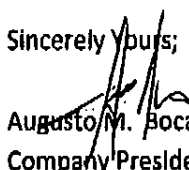
Gentlemen;

Please be advised that I will not reinstate the old Doc # P09000049402, under AB Delivery, Inc.

And I am requesting you file the for profit New Corporation using the same name AB Delivery, Inc.

If you have any questions, please feel free to call me.

Sincerely Yours;

  
Augusto M. Bocanegra  
Company President

JUN/JUL 1. 2016 11:56AM W. Noel Escobar, AM

PAX No. 9547245563

No. 0250 P.P. 6

**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: AB DELIVERY, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6808 NW 78 COURT

6808 NW 78 COURT

TAMARAC, FLORIDA 33321

TAMARAC, FLORIDA 33321

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL PURPOSES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: AUGUSTO M. BOCANEGRA

Name and Title: \_\_\_\_\_

Address: DIRECTOR AND PRESIDENT

Address: \_\_\_\_\_

6808 NW 78 COURT

TAMARAC, FLORIDA 33321

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
16 JUL - 1 AM 8:26  
TAMARAC, 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: AUGUSTO M. BOCANEGRA  
Address: 6808 NW 78 COURT  
TAMARAC, FLORIDA 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AUGUSTO M. BOCANEGRA  
Address: 6808 NW 78 COURT  
TAMARAC, FLORIDA 33321

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MAY 13, 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.

\_\_\_\_\_  
Required Signature/Registered Agent

05/13/2016

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.

\_\_\_\_\_  
Required Signature/Incorporator

05/13/2016

Date