

P/6000078627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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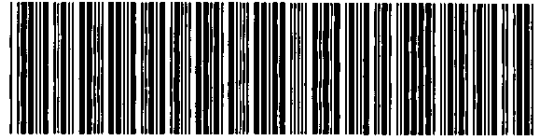
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
16 SEP 26 PM 12:40

K 09/27/16

COVER LETTER

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

SUBJECT: Absolute-Innovation Co.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Bruce Hicks
Name (Printed or typed)

25210 Par Ave.
Address

Sarasota FL 32976
City, State & Zip

407-937-9481
Daytime Telephone number

bwh1001@yahoo.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: Absolute-Innovation Co.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

25210 Par Ave
Sorrento FL 32776

Mailing address, if different is:

PO Box 1388
Sorrento FL 32776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

construction supervising

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ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce Hicks Name and Title: _____

Address 25210 Par Ave Address: _____

Sorrento FL 32776
(President)

Name and Title: Dianna Schumaker Name and Title: _____

Address 25210 Par Ave Address: _____

Sorrento FL 32776
(CFO & Secretary)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Bruce Hicks
Address: 25210 PAR Ave
Sorrento FL 32776

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ARTICLE VII INCORPORATOR

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

Name: Bruce Hicks
Address: 25210 Par Ave
Sorrento FL 32776

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Bruce Hicks

Required Signature/Registered Agent

08/11/16
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.

Bruce Hicks

Required Signature/Incorporator

08/11/16
Date