Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000273099 3)))



H1**600027**30993ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

11/09/2016

Division of Corporations

Fax Number : (850)617-6381

From:

Email Address:

S0 is

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATIO ABISAL SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

E. FLORIDA

ST

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

NOV 1 0 2016

H16000273099

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

•		
Abisal Services Corp.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 9802 NW 80+h ave Hialeah Gardens		
FL 33014		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Lorena Horali Tenriero Chana(P)		
Francisco Alberto Monsalve Rodriguez (UP)		
jand.		
	₩.	
	6- AON	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		-
The name and Florida street address (PO Box not acceptable) of the registered agent is:	WH 10: 1	
Lorena Horali Tenriero chong	02	
9802 NW 80+h Ave		
Highean Gardens FL 33016		
?		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: LOYENC HOYOLI TENCIERO Chone		
9803 NW 80TH AVE		
Hialeah Gardens FC 33016		

H16000273099

Required Signatures:

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

Lou la Teu voca 11/03/16
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.

Loculation 1

16 NOV -9 AM 10: 02
SECRETARY OF STATES
TALLAHASSEE FI ORINA