

P190000032487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

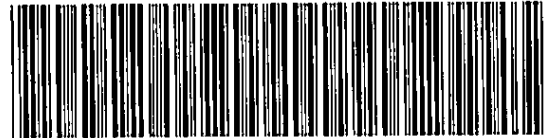
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/11/19--01010--018 **00.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 11 AM 9:10

COVER LETTER

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

SUBJECT: ABY CORP

(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: STEPHANIE MARTINEZ
Name (Printed or typed)

8180 NW 36 ST SUITE 406
Address

DORAL FL 33166
City, State & Zip

3054063800
Daytime Telephone number

ATPLUS@LIVE.COM
E-mail address: (to be used for future annual report notification)

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

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **ELIAS AZULAY**, who after being firstly duly sworn, under oath, deposes and says:

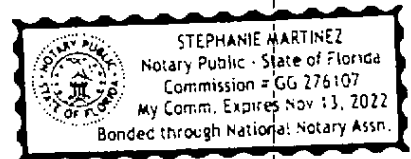
1. The undersigned is also the sole Director and the President of **ABY CORP**, a Florida corporation to be filed with the Florida Department of State on or about **April 04, 2019**.
2. The undersigned hereby consents to and authorizes the use by **ABY CORP**, of name **ABY CORP**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Elias Azulay, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 4th day of April, 2019.



Stephanie Martinez
Notary Public Signature

Elias Azulay
ELIAS AZULAY

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19 APR 14 AM 9:10

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: ABY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
19101 MYSTIC POINTE DR

Mailing address, if different is:

APT # 606

AVENTURA FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIAS AZULAY PRES

Address: 19101 MYSTIC POINTE DR

APT # 606

AVENTURA FL 33180

Name and Title: MERCEDES AZULAY D

Address: 19101 MYSTIC POINTE DR

APT # 606

AVENTURA FL 33180

Name and Title: ABRAHAM AZULAY VP

Address: 19101 MYSTIC POINTE DR

APT # 606

AVENTURA FL 33180

Name and Title: _____

Address: _____

Name and Title: LUISA AZULAY T

Address: 19101 MYSTIC POINTE DR

APT # 606

AVENTURA FL 33180

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ELIAS AZULAY
Address: 19101 MYSTIC POINTE DR APT #606
AVENTURA FL 33180

ARTICLE VII INCORPORATOR

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

Name: ELIAS AZULAY
Address: 19101 MYSTIC POINTE DR APT #606
AVENTURA FL 33180

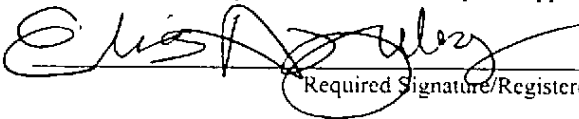
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

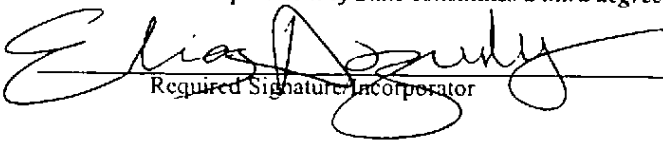


Required Signature/Registered Agent

4-9-19

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

4-9-19

Date