

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : USACORP INC.  
Account Number : 120130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

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

Email Address: devoiry@ymoskowitzcpa.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Abes Medical Advisory Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

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### 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: Abes Medical Advisory Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
411 Walnut Street #6558

Mailing address, if different is:

Green Cove Springs, FL 32043

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical Advisor

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Brian Abe Robin, OFFICER

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

Address 411 Walnut Street #6558

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

Green Cove Springs, FL 32043

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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|                       |                       |
|-----------------------|-----------------------|
| 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: Brian Abe Robin  
Address: 411 Walnut Street #6558  
Green Cove Springs, FL 32043

**ARTICLE VII INCORPORATOR**

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

Name: Brian Abe Robin  
Address: 411 Walnut Street #6558  
Green Cove Springs, FL 32043

**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:*

|                                     |                   |
|-------------------------------------|-------------------|
| <u>/s/ Brian Abe Robin</u>          | <u>05/06/2019</u> |
| 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.*

|                                 |                   |
|---------------------------------|-------------------|
| <u>/s/ Brian Abe Robin</u>      | <u>05/06/2019</u> |
| Required Signature/Incorporator | Date              |

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