

PI 9000060435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

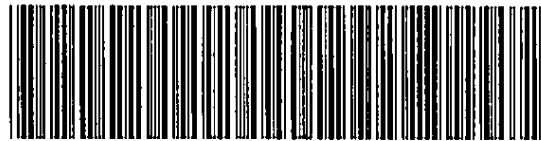
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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08/02/2019

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AUG 02 2019

TO: DEPARTMENT OF STATE  
NEW FILING SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

FROM: CHRISTINE GARCIA  
3201 BEECHBERRY CIRCLE  
DAVIE, FL 33328  
954-801-1779

RE: REVOKING RIGHTS TO DOCUMENT #547970 AND FILING NEW CORPORATION WITH  
SAME NAME

NEW FILING SECTION, DIVISION OF CORPORATIONS;

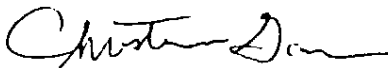
Please be advised that we will not use the previous State document #547970 and  
revoke the rights to the aforementioned State document #.

We are submitting a new application for a new corporation and State document # using the same name  
of ABLE BUSINESS MACHINES, INC.

Please accept the attached articles of incorporation and fees of \$78.75.

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

Sincerely,



Christine Garcia  
President

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## COVER LETTER

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

SUBJECT: ABLE BUSINESS MACHINES 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      ☒ \$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: CHRISTINA GARCIA

Name (Printed or typed)

5158 LAKE LOOP RD

Address

COOPER CITY, FL 33330

City, State & Zip

954-600-3586

Daytime Telephone number

christina@abmsupport.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 Able Business Machines USA, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3201 BEECHBERRY CIRCLE

DAVIE, FL 33328

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTINE GARCIA, PRESIDENT

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

Address: 3201 BEECHBERRY CIRCLE

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

DAVIE, FL 33328

Name and Title: CHRISTINA A GARCIA, VICE PRESIDE

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

Address: 3201 BEECHBERRY CIRCLE

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

DAVIE, FL 33328

Name and Title: LIZETTE B GARCIA, SECRETARY

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

Address: 3201 BEECHBERRY CIRCLE

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

DAVIE, FL 33328

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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: CHRISTINA GARCIA

Address: 5158 LAKE LOOP RD

COOPER CITY, FL 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHRISTINA GARCIA

Address: 5158 LAKE LOOP RD

COOPER CITY, FL 33330

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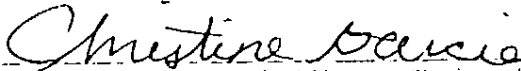
**ARTICLE VIII EFFECTIVE DATE:**

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*

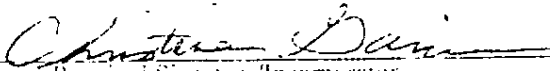


Required Signature/Registered Agent

05-13-2019

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

05-13-2019

Date