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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (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.\*\*

| Email Address: |
|----------------|
|----------------|

## FLORIDA PROFIT/NON PROFIT CORPORATION ABCSITES, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | . 04    |
| Estimated Charge      | \$78.75 |

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## Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

ABCSITES, INC.

of Document # \_\_\_\_\_\_P17000097155

and have no intention of recommend. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Jaime A. DE LOS RIOS

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLE I | NAME: | The name of | the cor | poration | is: |
|-----------|-------|-------------|---------|----------|-----|
|-----------|-------|-------------|---------|----------|-----|

| and the corporation is.   |                    |
|---|--------------------|
| ABCSITES, INC.  |                    |
| ARTICLE II PRINCIPAL OFFICE:  |                    |
| The principal street address and mailing address is:                                    |                    |
| 15890 NW 7 Ave.   |                    |
| Miami, FL. 33169  |                    |
|   |                    |
| ARTICLE III SHARES: The number of shares of stock is: 1000                              |                    |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:   |                    |
| Jaime A. De Los Rios (Ρ)  |                    |
| 15890 NW 7 Ave.   |                    |
| Miami, FL. 33169  |                    |
| 2020<br>TE  |                    |
| ACC Z   |                    |
|   | المارية<br>المارية |
| SSE   |                    |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:                                  | ·                  |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |                    |
| Jaime A. De Los Rios  |                    |
| 15890 NW 7 Ave.   |                    |
| Miami, FL. 33169  |                    |
|   |                    |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                   |                    |
| Jaime A. De Los Rios  |                    |
| 15890 NW 7 Ave.   |                    |
| Miami, FL. 33169  |                    |
|   |                    |

## Required Signatures:

3052201440

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

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.

> 12/30/2019 Date