

P20000038492

Florida Department of State
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.

((H20000159579 3)))



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To:

Division of Corporations
Fax Number : (350) 617-6381

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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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
ABRACADABRA BASKET INC.

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

MAY 29 2020

T. SCOTT

FILED
2020 MAY 28 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



May 29, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: ABRACADABRA BASKET INC.
REF: W20000052535

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Only one incorporator with signature,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H20000159579
Letter Number: 320A00010680

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: ABRACADABRA BASKET INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13326 SW 115 CT

MIAMI, FL 33176

Mailing address, if different is:

13326 SW 115 CT

MIAMI, FL 33176

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title IVANA JOCIC (P/D)

Name and Title _____

Address 133 NE 2ND AVE #3406

Address: _____

MIAMI, FL 33132

Name and Title GADY BARRIOS (VP/D)

Name and Title _____

Address 13326 SW 115 CT

Address: _____

MIAMI, FL 33176

Name and Title: _____

Name and Title _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 GADY BARRIOS

Address 13326 SW 115 CT

MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name GADY BARRIOS & IVANA JOCIC

Address 13326 SW 115 CT

MIAMI, FL 33132

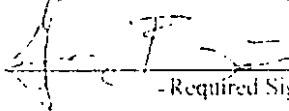
ARTICLE VIII EFFECTIVE DATE

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 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:



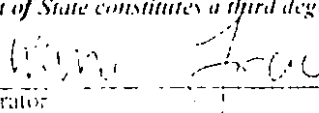
- Required Signature Registered Agent

05/27/2020

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



Date

05/27/2020