

P21000022934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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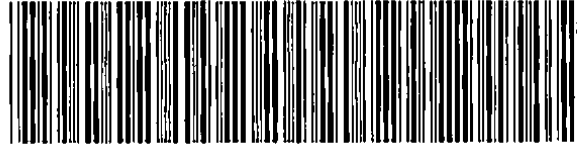
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

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MAR-4 PM 3:47

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COVER LETTER

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

SUBJECT: abob's Little Havana Glass & Door Repairs 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jose Zea
Name (Printed or typed)

4791 SW 83 Terr #2
Address

DAVE FL 33328
City, State & Zip

954 815 4280
Daytime Telephone number

JZ abobs@gmail.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: Abob's Little Havana Glass & Door

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4791 SW 83TH #2
DAVIE FL 33328

PO BOX 292216
DAVIE FL 33329

Repairs INC

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all legal BUSINESS practices

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jose Zea P

Name and Title:

Address

4791 SW 83TH #2

Address:

DAVIE FL 33328

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 MAR -4 PM 3:35

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jose Zea

Address: 4791 SW 83Trr #2

DAVIE FL 33328

ARTICLE VII INCORPORATOR

Give the name and address of the Incorporator is:

Name: Jose Zea

Address: 4791 SW 83Trr #2

DAVIE FL 33328

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/4/21 (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

3/4/21
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

3/4/21
Date