

P210000 22 937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

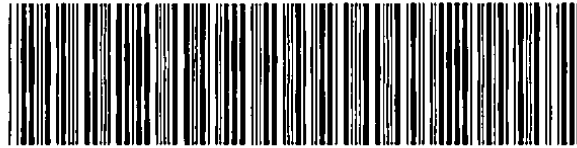
(Business Entity Name)

(Document Number)

Additional Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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# COVER LETTER

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

SUBJECT: Abobs glass&door Repairs Suncoast 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: Jose Zea  
Name (Printed or typed)  
4791 SW 83 Terr #2  
Address  
DAVIE FL 33328  
City, State & Zip  
954 815 4280  
Daytime Telephone number  
JZabobs@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 Glass & Door Repairs Suncoast Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4791 SW 83 Ter #2  
DAVIE FL 33328

Mailing address, if different is:

PO Box 292216  
DAVIE FL 33329

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 ZEP

Name and Title:

Address

4791 SW 83 Ter #2  
DAVIE FL 33328

Address:

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: Jose Zea  
Address: 4791 SW 83 Trs #2  
DAVIE FL 33328

**ARTICLE VII INCORPORATOR**

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

Name: Jose Zea  
Address: 4791 SW 83 Trs #2  
DAVIE FL 33328

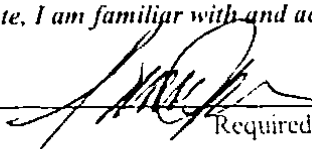
**ARTICLE VIII EFFECTIVE DATE:**

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.)

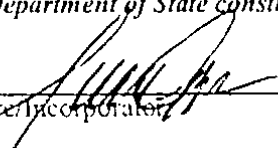
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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