

P21000022940

(Requestor's Name)

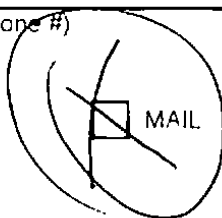
(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT



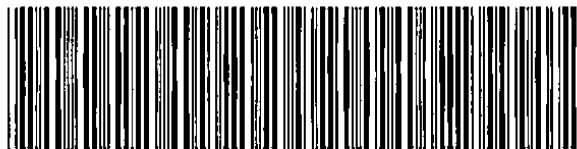
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600361331596

03/03/21--01/01--2015 #4-01/01

2021 MAR 4 PM 3:34

# COVER LETTER

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

SUBJECT: Abob's glass & Door Repairs Treasure Coast  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC

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 Tr #2  
Address

DAVID FL 33378  
City, State & Zip

954 815 4280  
Daytime Telephone number

j2abobs@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: Abobs glass & door Repairs Treasure Coast inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

4791 SW 83 Tr #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: cell 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 Zen P Name and Title: \_\_\_\_\_

Address: 4791 SW 83 Tr #2 Address: \_\_\_\_\_

DAVIE FL 33328

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

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

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

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

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

**TICLE VI REGISTERED AGENT**

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

me: Jose Zeca  
dress: 4791 SW 83 TR #2  
DAVIE FL 33328

**TICLE VII INCORPORATOR**

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

Name: Jose Zeca  
Address: 4791 SW 83 TR #2  
DAVIE FL 33328

**TICLE VIII EFFECTIVE DATE:**

effective date, if other than the date of filing: 3/4/21 (OPTIONAL)

an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the  
ng.)

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

ving been named as registered agent to accept service of process for the above stated corporation at the place designated in this  
tificate, 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

ubmit 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