

4/20/2021

Divisions

**P21000037195**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : ASAP ACCOUNTING SERVICES INC  
Account Number : 126180000009  
Phone : (239)352-4099  
Fax Number : (239)919-8333

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: asapaccounting@me.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
T METRO ELEC FARM INC

Certificate of Status	1
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April 22, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ASAP ACCOUNTING SERVICES INC

SUBJECT: T METERO ELEC FARM INC  
REF: W21000055067

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.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Steve J Kurisko  
Regulatory Specialist II  
New Filings

FAX Aud. #: R21000158059  
Letter Number: 121A00008335





## COVER LETTER

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

SUBJECT: T METRO ELEC FARM 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: Antonio Abin

Name (Printed or typed)

1681 Golden Gate Blvd W

Address

Naples, FL 34120

City, State & Zip

(239) 289-8551

Daytime Telephone number

asapaccounting@me.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: T METRO ELEC FARM INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1681 Golden Gate Blvd WNaples, FL 34120

Mailing address, if different is:

1681 Golden Gate Blvd WNaples, FL 34120**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL ANY AND LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANTONIO ABIN - PRESIDENT

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

Address: 1681 GOLDEN GATE BLVD W

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

NAPLES, FL 34120

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

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

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

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

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

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

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

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





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: ANTONIO ABIN  
Address: 1681 GOLDEN GATE BLVD W  
NAPLES, FL 34120

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: ANTONIO ABIN  
Address: 1681 GOLDEN GATE BLVD W  
NAPLES, FL 34120

**ARTICLE VIII EFFECTIVE DATE**Effective date, if other than the date of filing: 04/09/2021 (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 04/20/2021  
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 04/20/2021  
Date

