

P21000048872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

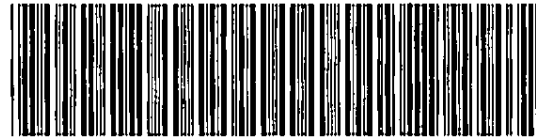
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 24 2021

COVER LETTER

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

ABF MOTORS INC

SUBJECT: _____
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ABNER FREDERIC
Name (Printed or typed)

1743 SW Porta Nuova Ter
Address

Port Saint Lucie , Florida 34953
City, State & Zip

(772) 333-7053
Daytime Telephone number

abfmotors2627@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:

ABF MOTORS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1743 SW Porta Nuova Ter

P.O BOX : 880162

Port Saint Lucie , Florida 34953

Port Saint Lucie , Florida 34988

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

.. to purchase cars , sell cars to dealer auctions and retail cars to the public

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abner Frederic - President

Name and Title: _____

Address

1743 SW Porta Nuova Ter

Address: _____

Port Saint Lucie , Florida

34953

Name and Title: Jeffrey A. Frederic - VP

Name and Title: _____

Address

1743 SW Porta Nuova Ter

Address: _____

Port Saint Lucie , Florida

34953

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: Abner Frederic

Address: 1743 SW Porta Nuova Ter
Port Saint Lucie , Florida 34953

ARTICLE VII INCORPORATOR

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

Name: Abner Frederic

Address: 1743 SW Porta Nuova Ter
Port Saint Lucie , Florida 34953

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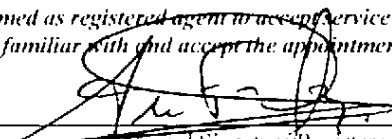
ARTICLE VIII EFFECTIVE DATE: 04/13/2021

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 document's effective date on the Department of State's records.

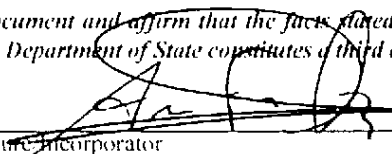
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04/13/2021
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

04/13/2021
Date