

P210 0006 8406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

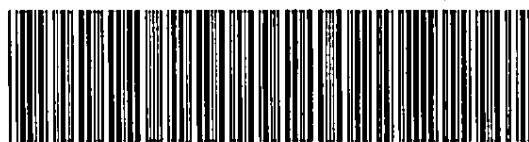
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/23/21--01008--021 **78.75

21 JUL 23 PM 12:43
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AHBP Trading Co
(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: Auston HB Pownall
Name (Printed or typed)

940 West Oakland Ave, Suite A-8
Address

Oakland, FL 34787
City, State & Zip

407 651 5600
Daytime Telephone number

dor@ahbp trading.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: AHBP Trading Co

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

940 West Oakland Ave

Suite A-8

Oakland, FL 34787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Market Opportunity Capitalization

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Auston HB Pownall, President & CEO Name and Title: _____

Address 14205 Hutners Trace Lane Address: _____

Clermont, FL 34715

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: Auston HB Pownall

Address: 940 West Oakland Ave, Suite A-8

Oakland, FL 34787

ARTICLE VII INCORPORATOR

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

Name: Auston HB Pownall

Address: 940 West Oakland Ave, Suite A-8

Oakland, FL 34787

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 18 July 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

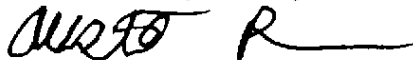


Required Signature/Registered Agent

18 July 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

18 July 2021

Date