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

From: Account Name : WISE TAX FIRM INC.
Account Number : I20210000018
Phone : (786)620-0001
Fax Number : (786)227-6631

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ABA INSTITUTION INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	

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SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ABA INSTITUTION INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

18245 PAULSON DRIVE

SUITE #122

PORT CHARLOTTE, FL 33954

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

ALINA ALONSO - PRESIDENT

18245 PAULSON DRIVE

SUITE # 122

PORT CHARLOTTE, FL 33954

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ALINA ALONSO

18245 PAULSON DRIVE SUITE # 122

PORT CHARLOTTE, FL 33954

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ALINA ALONSO

18245 PAULSON DRIVE SUITE # 122

PORT CHARLOTTE, FL 33954

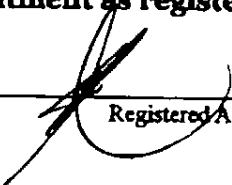
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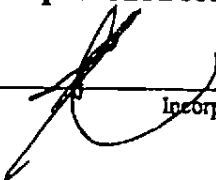
Required Signatures:

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



Registered Agent 09/19/2023
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.



Incorporator 09/19/2023
Date

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