P24000018810

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000062111 3)))

H24000062111 3ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2024 FEB 14 PM 4:15

FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 14 PM 3:15

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

From:
Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

ABBY RENOVATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Menu Help

(((H24000062111 3)))

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: ABBY RENOVATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4285 17TH AVENUE, SW

NAPLES, FL 34116

Mailing address, if different is:
4285 17TH AVENUE, SW

NAPLES, FL 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE.

ARTICLE IV SHARES

The number of shares of stock is:

FILED
FEB 14 PM 2:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OTTO R CIFUENTES, PRESIDENT

Address: 4285 17TH AVENUE, SW
NAPLES, FL 34116

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(((H24000062111 3)))

(((H24000062111 3)))

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: OTTO R CIFUENTES

Address: 4285 17TH AVENUE, SW

NAPLES, FL 34116

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OTTO R CIFUENTES

Address: 4285 17TH AVENUE, SW

NAPLES, FL 34116

FILED
FEB 14 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

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 2/13/2024
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 2/13/2024
Date