

P2400000 20107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

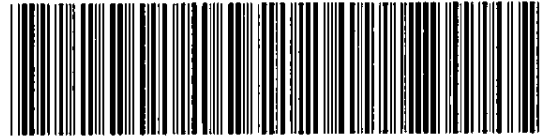
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800426072368

FILED

2024 MAR 21 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 MAR 21 PM 4:11
TALLAHASSEE, FLORIDA

NS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ABC WORLD WIDE, INC.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

2024 MAR 21 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: ABC World Wide, 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: Mark G. Turner, Esq.
Name (Printed or typed)

255 Magnolia Avenue, S.W.
Address

Winter Haven, FL 33880
City, State & Zip

863-293-1184
Daytime Telephone number

tim@BandEfoods.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

CLERK OF STATE
TALLAHASSEE, FL

2024 MAR 21 AM 8:32

FILED

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: ABC World Wide, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8009 Hampton Glen Drive

8009 Hampton Glen Drive

Tampa, FL 33647

Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Corporation may engage in any activity or business permitted under the laws of the United States or the State
of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Josh Saterbo, President

Name and Title: Adriel Gonzalez, CEO

Address 4507 S. Ferncroft Circle

Address: 3N992 Walt Whitman Road

Tampa, FL 33629

Saint Charles, IL 60175

Name and Title: Nick Burton, COO

Name and Title: Tim Smith, CFO

Address 8009 Hampton Glen Drive

Address: 1014 11th St., NE

Tampa, FL 33647

Washington, DC 20002

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2021 MAR 21 AM 8:30
CLERK OF STATE
TALLAHASSEE FL

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: Mark G. Turner, Esq.
Address: 255 Magnolia Avenue, S.W.
Winter Haven, FL 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark G. Turner, Esq.
Address: 255 Magnolia Avenue, S.W.
Winter Haven, FL 33880

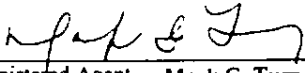
ARTICLE VIII EFFECTIVE DATE:

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

 3/21/2024
Required Signature/Registered Agent Mark G. Turner 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.

 3/21/2024
Required Signature/Incorporator Mark G. Turner Date

FILED
MAR 21 AM 8:30
DEPT. OF STATE
TALLAHASSEE, FL