

8/8/24, 8:54 AM

Division of Corporations

P240005105

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP
Account Number : I20190000014
Phone : (904)660-0020
Fax Number : (904)660-0029

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**Ablar Yamato Gp, Inc.**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

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

SUBJECT: Ablar Yamato GP, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Marc Adler
Name (Printed or typed)
17388 St. James Court
Address
Boca Raton, Florida 33496
City, State & Zip
416-587-4858
Daytime Telephone number
marc@adlersmaintile.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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

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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: Ablar Yamato GP, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>1449 Yamato Road</u> <u>Boca Raton, FL 33431</u>	Mailing address, if different is: <u>17388 St. James Court</u> <u>Boca Raton, FL 33496</u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Marc Adler, President and Director</u> Address: <u>17388 St. James Court</u> <u>Boca Raton, FL 33496</u>	Name and Title: <u>Cole Adler, Director, Vice-President, and Secretary</u> Address: <u>17388 St. James Court</u> <u>Boca Raton, FL 33496</u>
Name and Title: _____ Address: _____ _____	Name and Title: <u>Taylor Adler, Director, Vice-President and Treasurer</u> Address: <u>17388 St. James Court</u> <u>Boca Raton, FL 33496</u>
Name and Title: _____ Address: _____ _____	Name and Title: _____ 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: LIPPES MATHIAS LLP
Address: 10151 Deerwood Park Blvd., Bldg. 300, Ste. 300
Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marc Adler
Address: 17388 St James Ct
Boca Raton, FL 33496

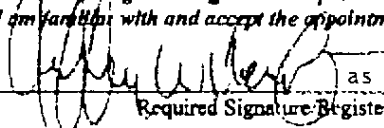
ARTICLE VIII EFFECTIVE DATE:

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 filing.)

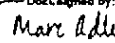
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 as counsel for Lippes Mathias LLP
Required Signature Registered Agent

8-7-24
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.

DocuSigned by:
 Marc Adler

Required Signature/Incorporator

8/7/2024

Date

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CLERK OF THE
DEPARTMENT OF
STATE