

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023

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Fax Number : (917)243-5843

****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

Abaya Inc

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Abaya Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5606 Beneva BlvdSarasota, FL 34238**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Online and retail sales of clothing and accessoriesName and Title: Rita Chiha, President

Name and Title: _____

Address _____

Address: _____

3600 Beneva Oak Blvd
Sarasota, FL 34238**ARTICLE IV SHARES**The number of shares of stock is: 200

Name and Title: _____

Name and Title: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Address _____

Address: _____

Rita Chiha3600 Beneva Oaks BlvdSarasota, FL 34238

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Rita Chiha

Address: 3600 Heneva oaks Blvd, Sarasota, FL 34238

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

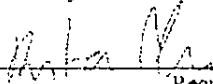
Name: Rita Chiha
Address: 3600 Beneva Oaks Blvd
Sarasota, FL 34238

ARTICLE VIII EFFECTIVE DATE:

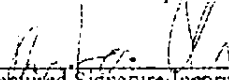
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

 8/23/2024
Required Signature/Registered Agent 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.

 8/23/2024
Required Signature/Incorporator Date

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