

P960000098190

TRANSMITTAL LETTER

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

600002017546--3

-12/03/96--01046--011

*****78.75 *****78.75

SUBJECT: ABECA SKYLINE 2000 INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Ola Mapayi

Name (printed or typed)

2245 Madison St # 204

Address

Hollywood FL 33020

City, State & Zip

(954)-929-2186

Daytime Telephone number

96 DEC -2 AM 10:53

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

af 12/5/96

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC -2 AM 10: 54

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ABECA SKYLINE 2000 INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2245 Madison St # 204
Hollywood FL 33020

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 per owner.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOE WEEKS
990 SW 8th place
Home stead FL 33034

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):


① JOE WEEKS
990 SW 8th PLACE
HOMESTEAD FLORIDA 33034

② OLA MAPAHI
2245 Madison St #204
HOLLYWOOD FL 33020

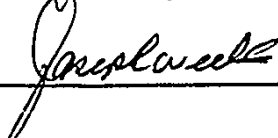
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of NOVEMBER, 19 96.

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Abeca Skyline 2000 Inc
2245 Madison St. # 204

2. The name and address of the registered agent and office is:

Joe Weeks
(NAME)
990 SW 8th Place
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
Homestead, FL 33034
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joseph Weeks
(SIGNATURE)

11-26-96
(DATE)