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SECRETARY OF STATE  
TALAHASSEE, FLORIDA

15 AUG -7 AM 11:09

APPROVED  
AND  
FILED

A handwritten signature or initials in the bottom right corner of the page.

## COVER LETTER

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

**SUBJECT:** ABC Equipment Liquidators, 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:** Steven Lallamant  
Name (Printed or typed)

2441 18th Ave N  
Address

St. Petersburg, Fl 33713  
City, State & Zip

727-320-5958  
Daytime Telephone number

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

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

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AND  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 AUG -7 AM 11:09

**ARTICLE I NAME**  
The name of the corporation shall be: ABC Equipment Liquidators, Inc

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2441 18th Ave N

ST. Petersburg, Fl 33713

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to buy and sell new and used grocery equipment (walk-in coolers; produce

AND FREEZER CASES; DISPLAY SHELVING; ECT.) TO GROCERY AND  
MEM & POP STORES.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Steven Lallamant, president

Name and Title: Steven Lallamant, treasurer

Address 2441 18th Ave N

Address: 2441 18th Ave N

St. Petersburg, Fl 33713

St. Petersburg, Fl 33713

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 15 AUG -7 AM 11:09  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Steven Lallamant  
Address: 2441 18th Ave N  
St. Petersburg, Fl 33713

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Katherine Mitchell  
Address: 2441 18th Ave N  
St. Petersburg, Fl 33713

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/03/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

*Steven Lallamant*  
Required Signature/Registered Agent

8/4/15  
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.*

*[Signature]*  
Required Signature/Incorporator

08/04/15  
Date