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Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : Vcorp Services, LLC
 Account Number : I20080000067
 Phone : (845)425-0077
 Fax Number : (845)818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

Abba G Enterprises Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
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: Abba G Enterprises Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1050 S Southlake Dr. Hollywood, FL 330191050 S Southlake Dr. Hollywood, FL 33019**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate Property Management**ARTICLE IV SHARES**200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Yosef Gurevitch

Name and Title: _____

Address 1050 S Southlake Dr. Hollywood, FL 33019

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Yosef GurevitchAddress: 1050 S Southlake Dr. Hollywood, FL 33019

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: Yosef GurevitchAddress: 1050 S Southlake Dr. Hollywood, FL 33019

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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*_____

Required Signature/Registered Agent

01/30/2025

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.*_____

Required Signature/Incorporator

01/30/2025

Date