

P25000008313

Florida Department of State
Division of Corporations
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Division of Corporations
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STATE OF FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
ABCJN INC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

2025 FEB 12 AM 1:52

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: ABCJN INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3345 BURNS ROAD SUITE 206

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PALM BEACH GARDENS, FL 33410

PALM BEACH GARDENS, FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMARNATH VEDERE, PRESIDENT

Name and Title:

Address 7 NORTH BEACH ROAD

Address:

JUPITER, FL 33455

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: AMARNATH VEDERE
Address: 3345 BURNS ROAD SUITE 206
PALM BEACH GARDENS, FL 33410

ARTICLE VII INCORPORATOR

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

Name: AMARNATH VEDERE
Address: _____

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

/S/ AMARNATH VEDERE _____ 02/11/2025
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.

/S/ AMARNATH VEDERE _____ 02/11/2025
Required Signature/Incorporator Date

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