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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

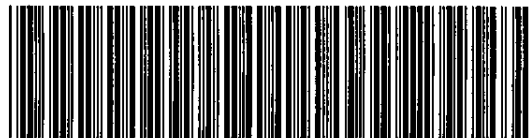
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TALLAHASSEE, FLORIDA

JAN 29 2016

N. CAUSSEAU

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantic Business Organizations Corp.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kari Fowler  
Name of Person

Atlantic Business Organizations Corp.  
Firm/Company

7930 Arjons Dr. #A  
Address

San Diego, CA 92126  
City/State and Zip code

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

For further information concerning this matter, please call:

Kari Fowler at ( 858 ) 566-6990  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Atlantic Business Organizations Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ABO Pharmaceuticals Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 33-0417331  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 18, 1990 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 2005  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7930 Arjons Dr. #A San Diego, CA 92126  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

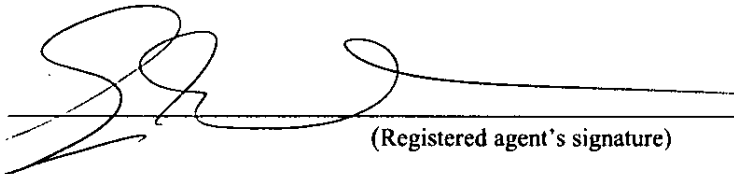
Office Address: 515 East Park Ave.

Tallahassee, Florida 32301  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: N/A

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

Vice Chairman: N/A

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

Director: Jose Schulmann

Address: 7930 Arjons Dr. #A

San Diego, CA 92126

Director: Joanna Schulmann

Address: 7930 Arjons Dr. #A

San Diego, CA 92126

**B. OFFICERS**

President: Jose Schulmann

Address: 7930 Arjons Dr. #A

San Diego, CA 92126

Vice President: N/A

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

Secretary: Joanna Schulmann

7930 Arjons Dr. #A

Address: San Diego, CA 92126

Treasurer: Joanna Schulmann

7930 Arjons Dr. #A

Address: San Diego, CA 92126

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Jose Schulmann - President

(Typed or printed name and capacity of person signing application)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

ATLANTIC BUSINESS ORGANIZATIONS CORP.

FILE NUMBER: C1567804  
FORMATION DATE: 05/18/1990  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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STATE OF CALIFORNIA  
SACRAMENTO, CALIFORNIA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 25, 2016.

ALEX PADILLA  
Secretary of State