

P15 000083811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

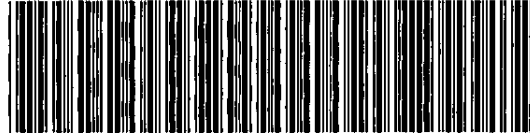
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Ahmed GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article I
DATE 10/9/15
DOC. EXAM VH
WIS-67034

Office Use Only



800277589628

10/02/15--01010--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT -9 AM 9:53

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: ESCOFISHIN' 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: NATASHA AHMAD

Name (Printed or typed)

3702 TERRAPIN LANE APT 1708

Address

CORAL SPRINGS, FLORIDA 33067

City, State & Zip

954-805-6388

Daytime Telephone number

ESCOFISHIN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2015

NATASHA AHMAD
3702 TERRAPIN LANE APT 1708
CORAL SPRINGS, FL 33067

SUBJECT: ESCOFISHIN' INC
Ref. Number: W15000067034

We have received your document for ESCOFISHIN' INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 515A00021371

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 OCT -9 AM 9:53

ARTICLE I NAME

The name of the corporation shall be: ESCOFISHIN' INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3702 Terrapin Lane Apt 1708

Coral Springs, Florida 33067

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INTERNET SALES AND WHOLESALE OF VARIOUS
COMMODITIES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATASHA AHMAD - PRESIDENT

Address 3702 TERRAPIN LANE APT 1708

CORAL SPRINGS FL 33067

Name and Title: GABRIEL ESCALONA- VP/SECRETARY

Address: 3702 TERRAPIN LANE APT 1708

CORAL SPRINGS FL 33067

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 OCT -9 AM 9:53

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: NATASHA AHMAD
Address: 3702 TERRAPIN LANE APT 1708
CORAL SPRINGS FL 33067

ARTICLE VII INCORPORATOR

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

Name: NATASHA AHMAD
Address: 3702 TERRAPIN LANE APT 1708
CORAL SPRINGS FL 33067

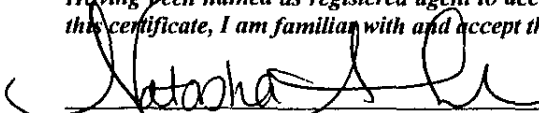
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/26/2015. (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.

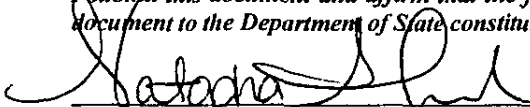
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

09.26.15
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.



Required Signature/Incorporator

09.26.15
Date