

P15000045386

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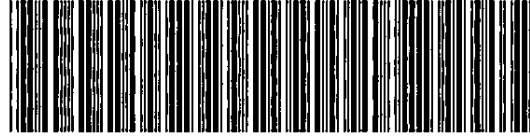
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15 MAY 20 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 21 2015  
S. GILBERT

## COVER LETTER

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

**SUBJECT:** E & S Enterprises, 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:** Erica D. Afeld

Name (Printed or typed)

5306 Pine Rocklands Ave

Address

Lithia, FL 33547

City, State & Zip

813-220-4433

Daytime Telephone number

eda511@aol.com

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

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



RECEIVED

15 MAY 20 PM 1:42

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TALLAHASSEE, FLORIDA

April 30, 2015

ERICA D. AFELD  
5306 PINE ROCKLANDS AVENUE  
LITHIA, FL 33547

SUBJECT: E & S ENTERPRISES, INC.  
Ref. Number: W15000030329

We have received your document for E & S ENTERPRISES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00008799

**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: AFELD Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5306 Pine Rocklands Ave

Lithia, FL 33547

Mailing address, if different is:

same

**FILED**  
15 MAY 20 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Purchase and managment of rental properties.

Interior Design and decorating.

**ARTICLE IV SHARES**

The number of shares of stock is: 8 100

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

Name and Title: Erica D. Afeld/CEO

Address: 5306 Pine Rocklands Ave  
Lithia, FL 33547

Name and Title: Robert S. Afeld/President

Address: 5306 Pine Rocklands Ave  
Lithia, FL 33547

Name and Title: Danial J. Afeld/Treasurer

Address: 404 Oakmount Rd  
Clearwater, FL 33765

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

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

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

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

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

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: Erica D. Afeld

Address: 5306 Pine Rocklands Ave

Lithia, FL 33547

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Erica D. Afeld

Address: 5306 Pine Rocklands Ave

Lithia, FL 33547

*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*

Erica D. Afeld

Required Signature/Registered Agent

ERICA D. AFELD

4-20-15

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.*

Erica D. Afeld

Required Signature/Incorporator

ERICA D. AFELD

4-20-15

Date