

PO0000025988

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

900003163029--1

-03/14/00--01070--021

\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Eastern States Marketing of Florida, Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 3/14 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
00 MAR 14 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

RECEIVED  
00 MAR 14 AM 10:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. SMITH MAR 14 2000

**ARTICLES OF INCORPORATION**  
**of**  
**EASTERN STATES MARKETING OF FLORIDA, INC.**

The undersigned, acting as Incorporators, desiring to form a corporation for profit pursuant to the Florida Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

**ARTICLE I**  
**NAME**

The name of this corporation is EASTERN STATES MARKETING OF FLORIDA, INC.

**ARTICLE II**  
**ADDRESS OF PRINCIPAL OFFICE**

The principal office and street address of this corporation is 17287-7 Boca Club Blvd., Boca Raton, FL 33487.

**ARTICLE III**  
**CAPITAL STOCK**

This corporation is authorized to issue one thousand (1,000) shares of capital stock, which shall be designated Common Shares with a par value of One and No/100 Dollars (\$1.00)

**ARTICLE IV**  
**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 17287-7 Boca Club Blvd., Boca Raton, FL 33487, and the name of the initial registered agent of this corporation at that address is Salvatore J. Profaci.

**ARTICLE V**  
**INITIAL BOARD OF DIRECTORS**

- A. This corporation shall have one director initially.
- B. The names and addresses of the initial members of the Board of Directors who shall hold office until their successors are duly elected and have qualified are:

Salvatore J. Profaci                      17287-7 Boca Club Blvd.  
Boca Raton, FL 33487.

**ARTICLE VI**  
**INCORPORATORS**


The name and address of the Incorporators of this corporation are:

Salvatore J. Profaci                      17287-7 Boca Club Blvd.  
Boca Raton, FL 33487

**ARTICLE VII**  
**INDEMNIFICATION**

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by the Florida Business Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles on this 11 day of March, 2000.

  
SALVATORE J. PROFACI  
Incorporator

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **EASTERN STATES MARKETING OF  
FLORIDA, INC.**

2. The name and address of the registered agent and office is:

SALVATORE J. PROFACI

(Name)

17287-7 Boca Club Blvd.

(P. O. Box not acceptable)

Boca Raton, FL 33487

(City/State/Zip)

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

  
(Signature)

*3-11-00*

(Date)

FILED  
MAR 14 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA