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03 JUL 18 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: E. A. P. O. ——— 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Evelio Pardo J. P.
Name (Printed or typed)

12357 SW 106 Terrace
Address

Mia Fl 33186
City, State & Zip

786-356-6772
Daytime Telephone number

fax = 305-275-9214

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

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

E. A. A. P. INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*12357 SW 106 terrace
mia fl. 33186*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*TO establish a legal company in
the state of Florida, with employees.*

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Evelio Pardo J. R. President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*12357 SW 106 terrace
mia fl. 33186*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Evelio Pardo J. R.
Same as above*

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

[Signature]

Signature/Registered Agent

7/15/03

Date

[Signature]

Signature/Incorporator

7/15/03

Date