

P04000064321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

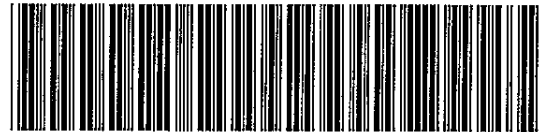
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/04--01003--021 **78.75

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04 APR 19 PM 3:34
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44-19

TRANSMITTAL LETTER

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

SUBJECT: E.C. CORP
(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: EDWIN CRESPO
Name (Printed or typed)

4304 NW 9th Ave Box 35
Address

Pompano Beach, FL 33064
City, State & Zip

954-261-9050
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 29, 2004

EDWIN CRESPO
4304 NW 9TH AVE
BOX 35
POMPANO BEACH, FL 33064

SUBJECT: E.C. CORP.
Ref. Number: W04000012141

We have received your document for E.C. CORP. 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.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the 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) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 604A00020481

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:

CRESPO SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4304 NW 9TH AVE, Box 35
POMPANO BEACH FL. 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TO BE NAMED LATER IF NEEDED

ARTICLE VI REGISTERED AGENT

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

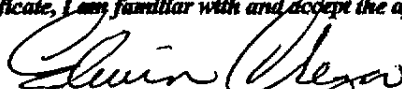
EDWIN CRESPO
4304 NW 9TH AVE Box 35
POMPANO BEACH, FL. 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWIN CRESPO
4304 NW 9TH AVE Box 35
POMPANO BEACH, FL 33064

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/Registered Agent



Signature/Incorporator

3/16/04

Date

3/16/04

Date

FILED
04 APR 19 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA