

P04000109663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

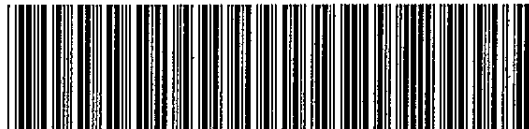
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900038124779

07/01/04--01020--007 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL 26 PM 1:33

W04-25709

## TRANSMITTAL LETTER

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

SUBJECT: ~~ITS Corp.~~ ~~VOID~~ ~~NTS CORP.~~ ~~VOID~~ *E+S TITLE CONSULTANTS*  
(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

*TD 7/1-04  
DIY OK 173*

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

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

**DO-IT-YOURSELF  
LEGAL FORMS INC.  
5410 STIRLING RD.  
DAVIE, FL 33314  
PH 954-964-0868**

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 6, 2004

DO-IT-YOURSELF LEGAL FORMS INC.  
5410 STIRLING RD  
DAVIE, FL 33314

SUBJECT: ITS CORP.  
Ref. Number: W04000025709

We have received your document for ITS 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 504A00043357



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 15, 2004

DO-IT-YOURSELF LEGAL FORMS INC.  
5410 STIRLING RD  
DAVIE, FL 33314

SUBJECT: NTS CORP.  
Ref. Number: W04000025709

We have received your document for NTS 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 504A00043357

## 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:

~~ITS Corp.~~ *E+S TITLE CONSULTANTS INC.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6439 Perry St. Hollywood, Fl. 33024

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automobile Title Service/Courier

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eduardo Castillo, 6439 Perry St., Hollywood, Fl. 33024 - President/Treasurer

Soraída Castillo, 6439 Perry St., Hollywood, Fl. 33024 - Vice President/Secretary

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Soraída Castillo, 6439 Perry St., Hollywood, Fl. 33024

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Soraída Castillo, 6439 Perry St., Hollywood, Fl. 33024

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL 26 PM 1:33

\*\*\*\*\*

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

*6.29.04*  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

*6.29.04*  
\_\_\_\_\_  
Date