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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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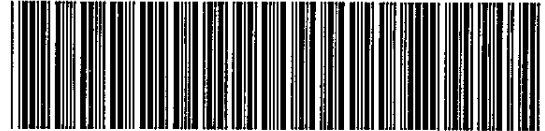
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/26/05

COVER LETTER

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

SUBJECT: E Suarez Consulting, 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: Evelyn Suarez

Name (Printed or typed)

1631 Oak Berry Circle

Address

Wellington, FL 33414

City, State & Zip

561 - 333 - 9823

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

E Suarez Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1631 Oak Berry Circle, Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Evelyn Suarez, President
1631 Oak Berry Circle
Wellington, FL 33414

ARTICLE VI REGISTERED AGENT

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


Evelyn Suarez
1631 Oak Berry Circle
Wellington, FL 33414

ARTICLE VII INCORPORATOR

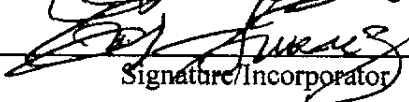
The name and address of the Incorporator is:

Evelyn Suarez
1631 Oak Berry Circle
Wellington, FL 33414

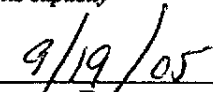
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



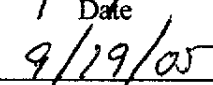
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
05 SEP 23 PM 6:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA