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# **COVER LETTER**

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

SUBJECT: ESOM			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
<b>□</b> \$70.00	<b>□</b> \$78.75	\$78.75	<b>☑</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL COPY REQUIRED	
FROM: Brit		- (D-2-4-11)	
	Nam	e (Printed or typed)	
191	Derby Woods Dr		
	<del>-</del>	Address	
Lyn	n Haven, Fl, 32444		
<u>.                                    </u>		, State & Zip	
850	-319-9577		
	Daytime 7	Telephone number	
D-i++.	ni l anatar@aaahtaa aam		
- DIIII	ni.Lasater@esohtec.com E-mail address: (to be use	ed for future annual report r	otification)

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:

**ESOHTECH Incorporated** 

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10 JUN 11 PM 2: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 191 Derby Woods Dr Lynn Haven FI 32444

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Professional Business Activities** 

### ARTICLE IV **SHARES**

The number of shares of stock is: 100

### INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

Brittni Lasater

191 Derby

CEO

Woods Dr. Lynn Haven FI, 32444

### ARTICLE VI REGISTERED AGENT

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

Brittni Lasater

191 Derby Woods Dr

Lynn Haven, FL 32444

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brittni Lasater

191 Derby Woods Dr

Lynn Haven, FL 32444

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

Brittni Lasater gnature/Registered Agent Signature/Incorporator