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## COVER LETTER

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

SUBJECT: Eastern Financial Services of South Florida, 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: Timothy Wilson  
Name (Printed or typed)

4581 Weston Road # 197  
Address

Weston, Florida 33331  
City, State & Zip

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

msparksfll@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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: **Eastern Financial Services of South Florida, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4581 Weston Rd # 197  
Weston, FL 33331

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any and all lawful business activities.

**ARTICLE IV SHARES**

The number of shares of stock is: Authorized to issue One Thousand(1,000) shares of stock, each of par value of \$10.00 per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Timothy Wilson, President  
Address: 4581 Weston Road #197  
Weston FL 33331

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Michael Sparks, Vice President  
Address: 4581 Weston Road # 197  
Weston FL 33331

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Timothy Wilson  
Address: 4581 Weston Road # 197  
Weston, FL 33331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Timothy Wilson  
Address: 4581 Weston Road # 197  
Weston, FL 33331

*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*

Tim Wilson

Required Signature/Registered Agent

6/24/2011  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Tim Wilson

Required Signature/Incorporator

6/24/2011  
Date

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