

P110000080427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

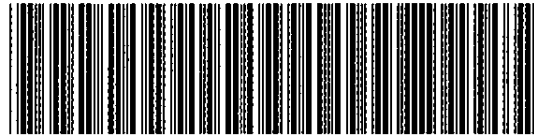
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/13/11--01005--017 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 SEP 13 AM 10:48
NOT RETURNED
TO ACKNOWLEDGE
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FILED
11 SEP 13 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/13

96

COVER LETTER

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

SUBJECT: ESOHTEC Environmental Systems Co
(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: Robert Gasperson
Name (Printed or typed)

162 Derby Woods Dr
Address

Lynn Haven, FL 32444
City, State & Zip

850-541-2507
Daytime Telephone number

pete.gasperson@esohtec.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: **ESOHTEC Environmental Systems Co.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
162 Derby Woods Dr
Lynn Haven, FL 32444

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For-profit business related activities

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Gasperson, CEO
Address: 162 Derby Woods Dr
Lynn Haven, FL 32444

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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:

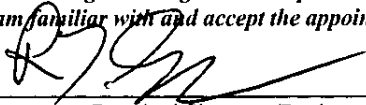
Name: Robert Gasperson
Address: 162 Derby Woods Dr
Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Gasperson
Address: 162 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



Required Signature/Registered Agent

13 Sept 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.



Required Signature/Incorporator

13 Sept 2011

Date

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