

P12000020481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

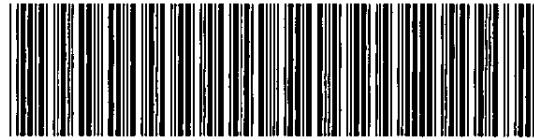
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

12 MAR - 1 AM 11:36

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

12 MAR - 1 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P: 3/1/12

## COVER LETTER

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

SUBJECT: EPS-90 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: Ronald E. Pember-ton  
Name (Printed or typed)

221 N. Hogan St. #246  
Address

Jacksonville, FL 32202  
City, State & Zip

904 521-1180  
Daytime Telephone number

eps90fla@gmail.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)

**FILED****ARTICLE I NAME**The name of the corporation shall be: EPS-90 Florida, Inc. 12 MAR -1 AM 11:51**ARTICLE II PRINCIPAL OFFICE**Principal street address  
221 N. Hogan St. #246  
Jacksonville, FL 32202Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Solicitation of merchant's banking services.**ARTICLE IV SHARES**The number of shares of stock is: 100 shares**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ronald Pemberton, Pres.  
Address: 221 N. Hogan St. #246  
Jacksonville, FL 32202Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Name and Title: Ronald Pemberton, VP  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Name and Title: Ronald Pemberton, Sec.  
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: Ronald Pemberton  
Address: 221 N. Hogan St. #246  
Jacksonville, FL 32202**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ronald Pemberton  
Address: 221 N. Hogan St. #246  
Jacksonville, FL 32202

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

R.E. Pemberton  
Required Signature/Registered Agent3-1-2012  
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.

R.E. Pemberton  
Required Signature/Incorporator3-1-2012  
Date