

P12000034795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

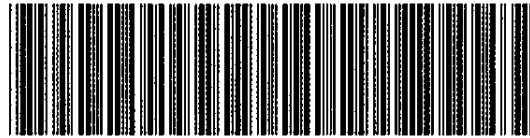
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** EZ Professional Services 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: Eleazar Poblete

Name (Printed or typed)

924 Andy Street

Address

Orlando, FL 32809

City, State & Zip

407-704-1524

Daytime Telephone number

eleazarpoblete@gmail.com ✓

E-mail address: (to be used for future annual report notification)

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**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:

**EZ Professional Services Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

**924 Andy Street**  
**Orlando, FL 32809**

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Provide consumers with different services such as home repairs, education, and advising**

### **ARTICLE IV SHARES**

The number of shares of stock is **100**

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

Name and Title: **Eleazar Poblete (shareholder, CEO)** Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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### **ARTICLE VI REGISTERED AGENT**

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

Name: **Eleazar Poblete**

Address: **924 Andy Street**  
**Orlando, FL 32809**

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Eleazar Poblete**

Address: **924 Andy Street**  
**Orlando, FL 32809**

*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*

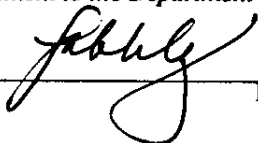


Required Signature/Registered Agent

**04 April 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.*



Required Signature/Incorporator

**04 April 2012**

Date