

PI 2000058092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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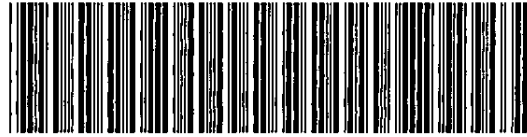
(Business Entity Name)

(Document Number)

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FILED
12 JUN 28 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 June JUN 29 2012

COVER LETTER

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

SUBJECT: EPIC ESTIMATORS, 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: Michael Schiffrin

Name (Printed or typed)

9200 South Dadeland Blvd, Suite 208

Address

Miami, Florida 33156

City, State & Zip

305-539-0000

Daytime Telephone number

SchiffLaw@aol.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 EPIC ESTIMATORS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8360 West Flagler Street
Suite 204
Miami, Florida 33144

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert D. Inguanzo, Pres/Director
Address: 8360 West Flagler Street
Suite 204
Miami, Florida 33144

Name and Title: _____
Address: _____

Name and Title: Luis Inguanzo, Vice President/Director
Address: 8360 West Flagler Street
Suite 204
Miami, Florida 33144

Name and Title: _____
Address: _____

Name and Title: Luis Defreitas, Director
Address: 8360 West Flagler Street
Suite 204
Miami, Florida 33144

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: Michael Schiffrin
Address: 9200 S. Dadeland Blvd, Suite 208
Miami, Florida 333156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert D. Inguanzo
Address: 8360 Flagler Street, Suite 204
Miami, Florida 33144

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

4/30/12
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

4/30/12
Date

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TALLAHASSEE, FLORIDA