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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 16 2012

COVER LETTER

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

SUBJECT: _____

ELONDE 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____

ELONDE VINCENT

Name (Printed or typed)

701 NW 214TH STREET, SUITE 607

Address

MIAMI, FL 33169

City, State & Zip

954-632-0092

Daytime Telephone number

ELONDEVINCENT@att.net

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: EBLOWE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
701 NW 21st STREET
SUITE 607
MIAMI, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose for which companies may be organized
General purpose clause

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EBLOWE VINCENT, PRES
Address: 701 NW 21st STREET, APT 607
MIAMI, FL 33169

Name and Title: _____
Address: _____

Name and Title: JEFFMAN LLOYD, VP
Address: 3883 NW 16th STREET
APT 1004, FL 33054

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: EBLOWE VINCENT
Address: 701 NW 21st STREET, SUITE 607
MIAMI, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EBLOWE VINCENT
Address: 701 NW 21st STREET, APT 607
MIAMI, FL 33169

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

[Signature]

Required Signature/Registered Agent

11/9/12
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.

[Signature]

Required Signature/Incorporator

11/9/12
Date

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RECEIVED
TALLAHASSEE, FL
SECRETARY OF STATE

FILED