

P12000097275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

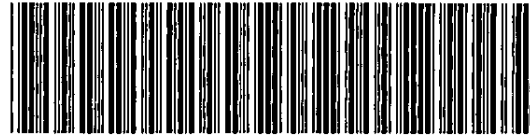
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200242078782

11/26/12--01011--016 \*\*70.00

FILED  
12 NOV 26 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4-Bureau NOV 27 2012

## COVER LETTER

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

**SUBJECT:** Epic Real Estate 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:** Traci Scharf

Name (Printed or typed)

1999 University Drive, Suite 402

Address

Coral Springs, FL 33067

City, State & Zip

954-242-2392

Daytime Telephone number

tracikscharf@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)

**ARTICLE I NAME**

The name of the corporation shall be: **Epic Real Estate Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1999 University Drive, Suite 402  
Coral Springs, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Real Estate brokerage and related services.**

**ARTICLE IV SHARES**

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

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

Name and Title: Traci Scharf, President

Address: 1999 University Drive, Suite 402  
Coral Springs, FL 33071

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

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

Name and Title: Traci Scharf, Secretary

Address: 1999 University Drive, Suite 402  
Coral Springs, FL 33071

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

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

Name and Title: Traci Scharf, Director

Address: 1999 University Drive, Suite 402  
Coral Springs, FL 33071

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 Scharf

Address: 1999 University Drive, Suite 402  
Coral Springs, FL 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Traci Scharf

Address: 1999 University Drive, Suite 402  
Coral Springs, FL 33071

*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

11/20/2012

\_\_\_\_\_  
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

11/20/2012

\_\_\_\_\_  
Date

FILED  
12 NOV 26 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA