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COVER LETTER

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

SUBJECT: E.R.L 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

E.R.L SERVICES INC FROM:

Name (Printed or typed)

396 NW 40TH CT SUITE 101

Address

OAKLAND PARK, FL 33309

City, State & Zip

786-589-5879

Daytime Telephone number

erlservicesinc@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NA				
The name of the corpo	Tation shall be: E.R.L SERVICES			
ARTICLE II PR	<u>UNCIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if diff	ferent is:
396 NW 40T		•	inannig adaroxi, ir ann	
SUITE 101				
OAKLNAD F	ARK, FL 33309			
ARTICLE III PU	RPOSE Sonvice	Drovidoro		
The purpose for which	the corporation is organized is: Service	Providers	·	
	······································			
				13
ARTICLE IV SH	IARES 1000			NG 26
ARTICLE IV SH The number of shares of	IARES of stock is:			NG 26 AM
The number of shares of	IARES of stock is: 1000	 		NG 26 AM 7: 1
	ITIAL OFFICERS AND/OR DIRECTOR	-		NG 26 AM
The number of shares of	ITIAL OFFICERS AND/OR DIRECTOR	Name and Title:	· · ·	NG 26 AM 7: 1
The number of shares of sh	nt stock is: 1000 <u> ITIAL OFFICERS AND/OR DIRECTOR</u> the: Eduardo R Lopez	-		NG 26 AM 7: 16
The number of shares of sh	ntial officers and/or directors the: Eduardo R Lopez 396 NW 40TH CT	Name and Title:	· · · · · · · · · · · · · · · · · · ·	NG 26 AM 7: 1
The number of shares of <u>ARTICLE V IN</u> Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR: THE: Eduardo R Lopez 396 NW 40TH CT SUITE 101 OAKLAND PARK, FL 33309	Name and Title: Address:	· · · · · · · · · · · · · · · · · · ·	NG 26 AM 7: 16
The number of shares of ARTICLE V IN Name and Ti Address Name and Ti	ITIAL OFFICERS AND/OR DIRECTOR: TTIAL OFFICERS AND/OR DIRECTOR: Be: Be: Be: Be: Be: Be: Be: Be	Name and Title: Address: Name and Title:		NG 26 AM 7: 16
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The number of shares of ARTICLE V IN Name and Ti Address Name and Tit Address	ITIAL OFFICERS AND/OR DIRECTOR: Eduardo R Lopez 396 NW 40TH CT SUITE 101 OAKLAND PARK, FL 33309 de:	Name and Title: Address: Name and Title: Address:	· · · · · · · · · · · · · · · · · · ·	NG 26 AM 7: 16

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			(conti.)
Name a	nd Title:	_ Name and Title:	
Addres	SS	_ Address:	
,			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
The <u>name and l</u>	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o Eduardo R Lopez	f the registered agent is:	
The <u>name and l</u> Name:	Florida street address (P.O. Box NOT acceptable) o	f the registered agent is: -	0 1 2 2
ARTICLE VI The <u>name and I</u> Name: Address:	Florida street address (P.O. Box NOT acceptable) o Eduardo R Lopez	of the registered agent is: - - ~	13 月3
The <u>name and I</u> Name: Address:	Florida street address (P.O. Box NOT acceptable) o Eduardo R Lopez 396 NW 40th CT Suite 101 Oakland Park, FL 33309	of the registered agent is: 	DIVISIE TENZO
The <u>name and I</u> Name: Address: ARTICLE VII	Florida street address (P.O. Box NOT acceptable) o Eduardo R Lopez 396 NW 40th CT Suite 101 Oakland Park, FL 33309	of the registered agent is: 	AR Soo
The <u>name and I</u> Name: Address: ARTICLE VII	Florida street address (P.O. Box NOT acceptable) o Eduardo R Lopez 396 NW 40th CT Suite 101 Oakland Park, FL 33309	of the registered agent is: ~	5.00 C
The <u>name and I</u> Name: Address: ARTICLE VII The <u>name and a</u>	Florida street address (P.O. Box NOT acceptable) o Eduardo R Lopez 396 NW 40th CT Suite 101 Oakland Park, FL 33309 INCORPORATOR address of the Incorporator is:	- 	AN T:

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 Ø

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.

Eduar Required Signature/Incorporator

08/21/2013 Date

Date

08/21/2013