

COVER LETTER

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

SUBJECT: **ESQUENAZI OPTICAL 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: **JACOBO & ASSOCIATES INC.**

Name (Printed or typed)

6220 WEST 21 CT

Address

HIALEAH, FL 33016

City, State & Zip

305-556-0044

Daytime Telephone number

ljacobo621@aol.com

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

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

**Florida Department of State
Division of Corporations**

Oct 21st, 2013

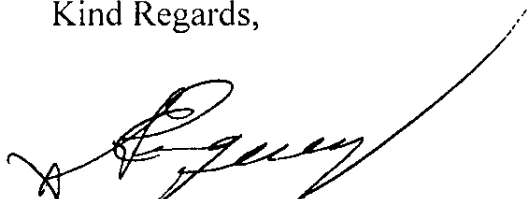
Ref Number: New Application

Dear Sir/Madam:

I, ISRAEL ESQUENAZI, president/owner of ESQUENAZI OPTICAL INC. with Document number P12000036547, hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owners.

Please contact me at (305) 556-0044 should you require further information or have any concerns.

Kind Regards,



ISRAEL ESQUENAZI

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13 OCT 24 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I. NAME ESQUENAZI OPTICAL, INC
The name of the corporation shall be:

ARTICLE II. PRINCIPAL OFFICE

Principal street address
7929 NW 200 TERRACE
MIAMI, FL 33015

Mailing address, if different is:
7929 NW 200 TERRACE
MIAMI, FL 33015

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFULL BUSINESS

ARTICLE IV. SHARES

The number of shares of stock is: 100

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISRAEL ESQUENAZI, PRESIDENT
Address: 7929 NW 200 TERRACE
MIAMI, FL 33015

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: JACOBO & ASSOCIATES INC
Address: 6220 W 21 CT
HIALEAH, FL 33016

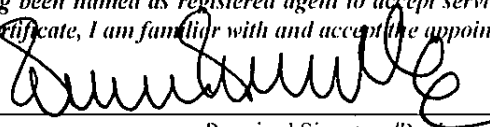
ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: ISRAEL ESQUENAZI
Address: 7929 NW 200 TERRACE
MIAMI, FL 33015

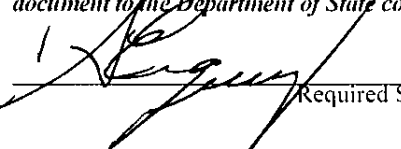
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TALLAHASSEE FLORIDA

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

10/21/2013
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

10-21-2013
Date