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(Requestor's Name)			
(Address)			
(Ac	ldress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			



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COVER LETTER

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

SUBJECT: E	PIC STONE, INC	TE NAME – MUST INCLU	J DE SUFFIX)
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.0 Filing Fe	• • • • • • • • • • • • • • • • • • • •	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:			
	7168 SW 47 ST	(Printed or typed)	
	A	Address	
	miami fl 33155		
	· ·	State & Zip	
	305 665 0002		

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

Daytime Telephone number

dtormo@stoneandequipment.com

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

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

ARTICLE I The name of the co	NAME orporation shall be: EPIC STONE, IN	IC.	_
ARTICLE II	PRINCIPAL OFFICE Principal street address 27 Ave #102	Mailing address, if different is:	
MIAMI FL			
ARTICLE III The purpose for v	PURPOSE trade of the corporation is organized is:	of Natural stone	
			DIVISI
			EB 25
The number of sharticle V	SHARES ares of stock is: 1000 INITIAL OFFICERS AND/OR DIRECTOR	 RS	CORPORATIONS PM 2: 55
	nd Title: John Bartos- Director	Name and Title:	
Address	208 NW 6th Ava	Address:	
11001000	Hallandale Beach		
	FL 33309		
	Lisette C. Rodriguez 🖰	Name and Title:	
	7168 SW 47 Street		
Address	miami, FL 33155	Address:	
			,, .
Name an	nd Title:		
Address		Address:	

Name and	i Title: Name and	Title:
Address	Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the register	red agent is:
Name:	Jose R. Gomez	
Address:	1400 SW 27 Ave #102	FEB
Addiess.	MIAMI FL 33145	25 P
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:	NISION OF CONTRACT. 14 FEB 25 PM 2: 55
Name:	Daniel Tormo	
Address:	7168 SW 47 st	
	Miami FL 33155	
Having been nan	med as registered agent to accept service of process for the ab am familiar with and accept the appointment as registered age	ent and agree to act in this capacity 2/5/1/
I submit this doc	ument and affirm that the facts stated herein are true. I am	
document to the	Department of State constitutes a third degree felony as provid	led for in s.817.155, F.Š. 2/5/14
nature: Jose R	Required Signature Incorporator	Date
	ez (Feb 5, 2014) zcpa@josergomezcpapa.com	