

P15000023076

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W15-1861

## COVER LETTER

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

SUBJECT: **E.P.H Elevator Pads & Handrails, 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: **Felix R. Rodriguez**  
Name (Printed or typed)

**7340 Carlyle Ave. #4**  
Address

**Miami Beach, Fl. 33141**  
City, State & Zip

Daytime Telephone number

**Framon117@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: E.P.H. Elevator Pads & Handrails, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7340 Carlyle Ave. #4  
Miami Beach, Fl. 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sell to customers Custom Elevator  
Protection Pads, Custom Elevator Handrails and Cab Accessories.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Felix Ramon Rodriguez Pres.  
Address: 7340 Carlyle Ave. #4  
Miami Beach, Fl. 33141

Name and Title: Rachelle Bahamondes  
Address: 7340 Carlyle Ave. #4  
Miami Beach, Fl. 33141

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

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

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

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

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STATE OF FLORIDA  
TALLAHASSEE

FILED

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Felix R. Rodriguez  
Address: 7340 Carlyle Ave #4  
Miami Beach FL 33141

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Felix R. Rodriguez  
Address: 7340 Carlyle Ave #4  
Miami Beach FL 33141

*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

03/04/2015

\_\_\_\_\_  
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

03/04/2015

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA