

P/500004/4/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

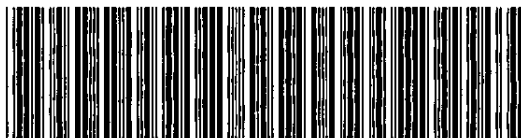
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100272340521

05/04/15--01043--007 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY - 4 PM 3:33

✓ 05/08/15

EFFECTIVE DATE 05/05/15

COVER LETTER

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

SUBJECT: ESSENTIAL BIOLOGX 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: JEFFREY A GADBOYS

Name (Printed or typed)

1218 CEYLON DRIVE

Address

GULF BREEZE, FL 32563

City, State & Zip

850-206-4991

Daytime Telephone number

GADBOYS@EBIOLOGX.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: ESSENTIAL BIOLOGX INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1218 CEYLON DRIVE

GULF BREEZE, FL 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY - 4 PM 3:33

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAMELA LAYTON, PRESIDENT

Name and Title: COLIN WHITE, DIRECTOR

Address 26 LONGMEADOW DRIVE

Address: 74 OAK RIDGE TERRACE

WESTWOOD, MA 02090

LYNNFIELD, MA 01940

Name and Title: JEFFREY GADBOYS, SECRETARY

Name and Title: _____

Address 1218 CEYLON DRIVE

Address: _____

GULF BREEZE, FL 32563

Name and Title: AUGUST BRESCIA, DIRECTOR

Name and Title: _____

Address 1212 CEYLON DRIVE

Address: _____

GULF BREEZE, FL 32563

EFFECTIVE DATE 05/05/15

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: AUGUST BRESCIA

Address: 1212 CEYLON DRIVE

GULF BREEZE, FL 32563

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY - 4 PM 3:33

ARTICLE VII INCORPORATOR

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

Name: JEFFREY GADBOYS

Address: 1218 CEYLON DRIVE

GULF BREEZE, FL 32563


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 5, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

MAY 5, 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

MAY 5, 2015

Date

EFFECTIVE DATE 05/05/15