

P15000048974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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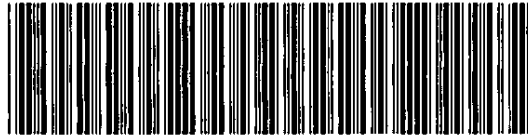
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN -2 PM 4:36

APPROVED
AND
FILED

[Handwritten signature]

COVER LETTER

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

SUBJECT: E-PONCE CORPORATION

(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: EULOGIO AMADO PONCE

Name (Printed or typed)

3755 NW 211 ST

Address

MIAMI GARDENS FL, 33055

City, State & Zip

786-712-6935

Daytime Telephone number

ISAHIRISDIAZ@YAHOO.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)

APPROVED
AND
FILED

ARTICLE I NAME E-PONCE CORPORATION
The name of the corporation shall be: _____

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ARTICLE II PRINCIPAL OFFICE
Principal street address _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address (if different) is: _____

3755 NW 211 ST

MIAMI GARDENS FL, 33055

ARTICLE III PURPOSE ANY BUSINESS THAT MAKES MONEY
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EULOGIO AMADO PONCE, PRESIDE Name and Title: _____

Address 3755 NW 211 ST Address: _____

MIAMI GARDENS FL, 33055

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 JUN -2 PM 4:36

Address _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: EULOGIO AMADO PONCE
Address: 3755 NW 211 ST
MIAMI GARDENS FL, 33055

ARTICLE VII INCORPORATOR

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

Name: ISAHIRIS DIAZ
Address: 3755 NW 211 ST
MIAMI GARDENS FL, 33055

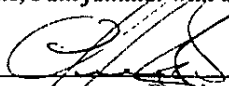
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

05/29/2015

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

05/29/2015

Date