

P15000060735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

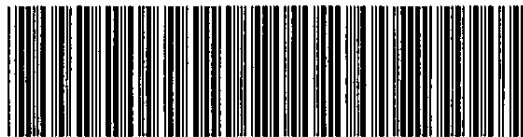
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W15-46007

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15 JUL 20 PM 6:21  
SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

15 JUL 21 2015

## COVER LETTER

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

**SUBJECT:** EAST SUNRISE SERVICE & REPAIR, 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:** ALBERTO HERNANDEZ

Name (Printed or typed)

15488 SW 172 TERRACE

Address

MIAMI, FL 33187

City, State & Zip

786-803-2484

Daytime Telephone number

eastsunriseplumbing@gmail.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

July 8, 2015

ALBERTO HERNANDEZ  
15488 SW 172 TERRACE  
MIAMI, FL 33187

SUBJECT: EAST SUNRISE SERVICE & REAPIR, INC.  
Ref. Number: W15000046007

We have received your document for EAST SUNRISE SERVICE & REAPIR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 315A00014252

**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: EAST SUNRISE SERVICE & REPAIR, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15488 SW 172 TERRACE  
MIAMI, FL 33187

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PLUMBING SERVICE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ALBERTO HERNANDEZ - PRESIDENT

Address: 15488 SW 172 TERRACE  
MIAMI, FL 33187

Name and Title: ADOLFO CASTILLO - V. PRES.

Address: 15488 SW 172 TERRACE  
MIAMI, FL 33187

Name and Title: JAVIER PEREZ - SECRETARY

Address: 15488 SW 172 TERRACE  
MIAMI, FL 33187

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: ALBERTO HERNANDEZ

Address: 15488 SW 172 TERRACE

MIAMI, FL 33187

**ARTICLE VII INCORPORATOR**

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

Name: ALBERTO HERNANDEZ

Address: 15488 SW 172 TERRACE

MIAMI, FL 33187

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TALLAHASSEE, FLORIDA

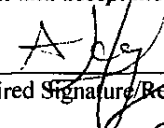
**ARTICLE VIII EFFECTIVE DATE:**

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

6/26/2015  
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

6/26/2015  
Date