

P15000060735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

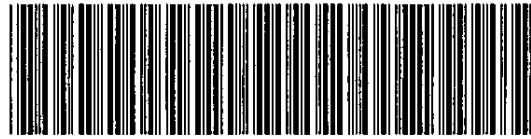
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P.

Office Use Only



200274572232

07/02/15--01006--013 **78.75

W15-4607

FILED
15 JUL 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE-FLORIDA

15 JUL 20 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 EAST SUNRISE SERVICE & REPAIR, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
15488 SW 172 TERRACE _____
MIAMI, FL 33187 _____

ARTICLE III PURPOSE PLUMBING SERVICE
The purpose for which the corporation is organized is: _____

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

FILED
15 JUL 20 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ALBERTO HERNANDEZ - PRESIDENT	Name and Title:	ADOLFO CASTILLO - V. PRES.
Address	15488 SW 172 TERRACE MIAMI, FL 33187	Address:	15488 SW 172 TERRACE MIAMI, FL 3387

Name and Title:	JAVIER PEREZ - SECRETARY	Name and Title:	
Address	15488 SW 172 TERRACE MIAMI, FL 33187	Address:	

Name and Title:		Name and Title:	
Address		Address:	

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

FILED
 15 JUL 20 PM 6: 21
 SECRETARY OF STATE
 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