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(Requestor's Name)			
(Address)			
(Address)			
(City	//State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Doc	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to F	Filing Officer:		





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COVER LETTER

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

KILLID HAZZYII.	quipment Sales		
SUBJECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	onald S. Irwin		
	Nam	e (Printed or typed)	
14	550 Glencairn Road		
_		Address	
M	iami Lakes, Florida 33016		
	City,	State & Zip	
78	36-266-5340		
	Daytime T	elephone number	
ig	efuture@aol.com		
	E mail address: (to be use	d for future annual report	otification)

NOTE: Please provide the original and one copy of the articles.



September 24, 2015

RONALD S. IRWIN 14550 GLENCAIRN ROAD MIAMI LAKES, FL 33016

SUBJECT: ER EQUIPMENT SALES

Ref. Number: W15000063744

We have received your document for ER EQUIPMENT SALES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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.

Letter Number: 815A00020182

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

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

CONTRACTOR OF THE STATE OF THE	Equipment Sales, Inc		
Sebsect	(PROPOSED CORPO	PRATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	articles of incorporation and	l a check for:
☐ \$70.0 Filing Fe	• •	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		ame (Printed or typed)	······
		Address	
	Miami Lakes, Florida 33016		
	C	ity, State & Zip	<u></u>
	786-266-5340		
	Daytim	e Telephone number	
	igefuture@aol.com		
•	E-mail address: (to be u	used for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRIM	Principal street address	Mailing add	lress, if different is:
Glencairn Roa	d		5 00T
i Lakes, Florida	33016		, cn
CLE III PUR	POSE n the corporation is organized is:	d by shipping containers	
		······································	5 9 g
TLE IV SHA	C + 1 : 100		
mber of shares of	of stock is:	<u>s</u>	
CLE V INIT Name and Ti	of stock is: **IAL OFFICERS AND/OR DIRECTOR**	S Name and Title:	
mber of shares of	of stock is:	<u>s</u>	
mber of shares of shares of the share and Ti	TAL OFFICERS AND/OR DIRECTOR Ronald S Irwin President 14550 Glencairn Road Miami Lakes, Florida 33016 Edith O Schardar Secretary	S Name and Title:	
mber of shares of the view of shares of the view of th	TAL OFFICERS AND/OR DIRECTOR tle: Ronald S Irwin President 14550 Glencairn Road Miami Lakes, Florida 33016 Edith O Schardar Secretary 114 Calabria Ave # 4	S Name and Title: Address: Name and Title: Name and Title:	
mber of shares of the V INIT Name and Ti Address Name and Tit	TAL OFFICERS AND/OR DIRECTOR tle: Ronald S Irwin President 14550 Glencairn Road Miami Lakes, Florida 33016 Edith O Schardar Secretary 114 Calabria Ave # 4	S Name and Title: Address: Name and Title: Address:	
mber of shares of the control of the	Miami Lakes, Florida 33016 Edith O Schardar Secretary 114 Calabria Ave # 4 Coral Gables, Florida 33134	Name and Title: Address: Name and Title: Address:	
mber of shares of the view of shares of the view of th	tle: Edith O Schardar Secretary 14 Calabria Ave # 4	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	and Title:	Name and Title:	
Addres	ss	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	- 5
Name:	Ronald S Irwin	or the regimeron agent of	001-5
Address:	14550 Glencairn Road		် <u>ဂို</u> ဟ်
	Miami Lakes, Florida		0CT -5 Pht 12: 07
ARTICLE VII	INCORPORATOR .		07
The <u>name and</u>	address of the Incorporator is:		
Name:	Ronald S Irwin		
Address:	14550 Glencairn Road		
	Miami Lakes, Florida 33016		
Effective date, i	TEFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and enfiling.)	. (OPTIONAI annot be more than five busin	
	te inserted in this block does not meet the applic effective date on the Department of State's reco		ts, this date will not be listed as
Having been no this certificate, i	amed as registered agent to accept service of pro I amfamiliar with and accept the appointment of	ocess for the above stated corpo is registered agent and agree to	oration at the place designated in act in this capacity
KOTHU	W & Syum		9-13-2015
	Required Signature/Registered Agent		Date
	ocument and uffirm that the facts stated herein e Department of State constitutes a third degree		
16 Wal	W Surn		9-13-2015
Req	uired Signature/incorporator		Date