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(Re	(Dominated Name)				
(170	(Requestor's Name)				
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(Ad	ldress)				
(Ad	(Address)				
(Cit	ty/State/Zip/Phone	· #)			
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☐ PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	ocument Number)	 			
Certified Copies	Certificates	of Status			
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Special Instructions to	Filing Officer:				
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COVER LETTER

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

SUBJECT: E &	& S COSTUM HOME WORKS, IN				
	(PROPOSED CORP	PORATE NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed are an	original and one (1) copy of th	ne articles of incorporation and	a check for:		
Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	& Certificate of Status		
FROM:	MARIA E RUIZ	Name (Printed or typed)			
	7750 SW 117TH AVE SUITE 201D				
Address MIAMI FLORIDA 33183 City, State & Zip 305 595-2407					
	E-mail address: (to b	e used for future annual report no	otification)		

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

October 18, 2015

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

Re: E & S Custom Home Works, Inc P13000002222

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me 305 595-2407.

Sincerely,

Notary Public State of Florida

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

FILED

ARTICLE I NAME The name of the corporat	E & S Custom Home W	orks, Inc	15 OCT 23 PH 2: 45
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address ククラケース・ルーロ	s, if different is:
MIAMI, FLORIDA 33		Miami FL	33183
ARTICLE III PURPO The purpose for which t	DSE ANY All he corporation is organized is:	ND ALL LEGAL PURPOSES	
- Maddi Francisco - Mada - Maria - Mar			
ARTICLE V INITIA	LOFFICERS AND/OR DIRECTORS		
Name and Title Address	14338 SW SW 96 LANE	Name and Title:	-
Address	MIAMI FLORIDA 33186	Address:	
Name and Title:	SUSANA HUBY DE MUR, VP	Name and Title:	
Address	14338 SW 96 LANE	A 11	
	MIAMI FLORIDA 33186	· · · · · · · · · · · · · · · · · · ·	
Name and Title:			
Address			

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	ENRIQUE MUR	, 5	
Address:	14338 SW 96 LANE	-	
	MIAMI FLORIDA 33186		200 mg
			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		FILE FILE
The name and	address of the Incorporator is:		1 ^{mm} ω Ι
Name:	ENRIQUE MUR		
Address:	14338 SW 96 LANE		2: 45 CAIDA
	MIAMI FLORIDA 33186		S On
ARTICLE VIII	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONA	J.)
(If an effective	e date is listed, the date must be specific and	cannot be more than five busin	ness days prior or 90 business
days after the	filing.)		
	ite inserted in this block does not meet the app effective date on the Department of State's re		nts, this date will not be listed as
ano document s	version version and Department of State 5 to	volus.	
Having been n	amed as registered agent to accept service of	process for the above stated corp	poration at the place designated in
	am familiar with and accept the appointmen	i us regisieren ugem unu ugree io	,
x UM	7		10/17/15
	Required Signature/Registered Age	ent	Date
	ocument and affirm that the facts stated here Department of State constitutes a third degree		
<u> </u>	JW-		12/11/15
Reg	dired Signature/Incorporator		Date
ľ			
1	()		