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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE FLORIDA





COVER LETTER

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

SUBJECT: E.S	S.E. H	OME REMODELING & TILE, IN	C.	
		(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an	origi	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70. Filing F		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
			ADDITIONAL CO	PY REQUIRED
FROM	:		e (Printed or typed)	
	1635	ACKLEY ROAD		
	COC	COA, FL 32922-5259	Address	
		City,	State & Zip	
	321-	271-3064		
		Daytime T	elephone number	
	EAR	GULETA360M@GMAIL.COM		
		E-mail address: (to be used	for future annual report r	notification)

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

Date of this notice: 12-01-2015

Employer Identification Number:

81-0706216

Form: SS-4

Number of this notice: CP 575 A

ESE HOME REMODELING & TILE INC 1635 ACKLEY RD COCOA, FL 32922

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-0706216. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

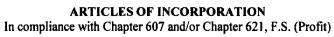
Form	940	01/31/2017
Form	944	01/31/2017
Form	1120	03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.





15 DEC -7 AM 9: 33

e name of the corpo			
RTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address,	SECRETARY OF TALLAHASSEE. FI
35 ACKLEY ROA DCOA, FL 32922-:			

RTICLE III PUR e purpose for which ATHROOM AND	h the corporation is organized is:	IDENTIAL AND COMMERCIAL REMO	DDELING,
	·····		

RTICLE IV SHA	<u>RES</u> 100		
RTICLE IV SHA e number of shares	RES 100 of stock is:		
e number of shares	of stock is:		
e number of shares	of stock is: TOO TIAL OFFICERS AND/OR DIRECTO itle: EDY RUDY ARGULETA-CORA		
e number of shares	of stock is: TOO TAL OFFICERS AND/OR DIRECTO EDY RUDY ARGULETA-CORA 1635 ACKLEY ROAD		
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Name and Title:		Name and Title:	15 DEC -7 AM 9: 33	
Address		Address:	SECRETATY OF STATE TALLAHASSEE, FLORIDA	
			- Wallet	
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is	:	
Name:	EDY RUDY ARGULETA-CORADO	_		
Address:	1635 ACKLEY ROAD			
	COCOA, FL 32922-5259	_		
ARTICLE VII	INCORPORATOR			
The <u>name and</u>	address of the Incorporator is:			
Name:	EDY RUDY ARGULETA-CORADO	<u></u>		
Address:	1635 ACKLEY ROAD			
	COCOA, FL 32922-5259			
Effective date, (If an effective days after the Note: If the days	I EFFECTIVE DATE: If other than the date of filing: It date is listed, the date must be specific and cannot filing.) It is inserted in this block does not meet the applicable effective date on the Department of State's records		usiness days prior or 90 business	
	amed as registered agent to accept service of proce. I am familiar with and accept the appointment as r			
			10/28/2015	
	Required Signature/Registered Agent		Date	
I submit this de document to the	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felo	e true. I am aware that ony as provided for in s.8	the false information submitted in a 317.155, F.S.	
			10/28/2015	
Rea	uired Signature/Incorporator		Date	