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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 DEC -7 PM 4:12

DEC 17 2015  
T CANNON

## COVER LETTER

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

**SUBJECT:** ERI Managing Co., 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kirsten Kappus  
\_\_\_\_\_  
Name (Printed or typed)

1275 Barclay Blvd  
\_\_\_\_\_  
Address

Buffalo Grove, IL 60089  
\_\_\_\_\_  
City, State & Zip

877-894-0073  
\_\_\_\_\_  
Daytime Telephone number

marciamc@eristaffing.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**

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

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: ERI Managing Co., Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8050 N Univeristy Dr. Ste 206

Tamarac, FL 33321

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to act as an equipment leasing and management company

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Marcia McPherson / Director

Name and Title: Kimberly McPherson-King

Address 8050 N University Dr. Ste 206

Address: 8050 N University Dr. Ste 206

Tamarac, FL 33321

Tamarac, FL 33321

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

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

Address \_\_\_\_\_

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: Martin Thirer

Address: 2801 N University Dr.

Coral Springs, FL 33065

**ARTICLE VII INCORPORATOR**

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

Name: Marcia McPherson

Address: 8050 N University Dr. Ste 206

Tamarac, FL 33321

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**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

NOV. 24, 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

NOV. 23, 2015  
Date