

PI60000015935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

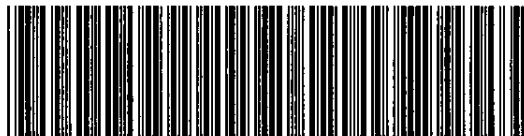
Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Emmanuel O. Fernandez
Advised to Add (INC)
AS suffix
(10)

Office Use Only



900281913459

02/11/16--01013--007 **78.75

FILED
2016 FEB 11 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 19 2016

I ALBRITTON

COVER LETTER

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

SUBJECT: E&O Solutions, 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: Emmanuel Ortiz Fernandez
Name (Printed or typed)
5451 Millenia Lakes Blvd. #337
Address
Orlando, FL 32839
City, State & Zip
813-767-4593
Daytime Telephone number
emmanuelortiz@malakcorp.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)

ARTICLE I NAME

The name of the corporation shall be: E&O Solutions, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5451 Millenia Lakes Blvd. #337

Orlando, FL 32839

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engage in any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares @ \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emmanuel Ortiz Fernandez / CEO

Address: 5451 Millenia Lakes Blvd. #337
Orlando, FL 32839

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2016 FEB 11 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Emmanuel Ortiz fernandez
Address: 5451 Millenia Lakes Blvd #337
Orlando, FL 32839

ARTICLE VII INCORPORATOR

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

Name: Emmanuel Ortiz Fernandez
Address: 5451 Millenia Lakes Blvd. #337
Orlando, FL 32839

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/08/2016 (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
2/08/2016
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
2/08/2016
Date