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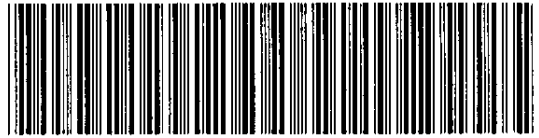
(Business Entity Name)

(Document Number)

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16 APR 11 PM 3:44
SECRETARY OF STATE
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APR 11 2016
A RAMSEY

COVER LETTER

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

SUBJECT: Elporia, 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: JUDITH A. MULLHOUND
Name (Printed or typed)

2315 Jim Lee Rd
Address

Tallahassee FL 32301
City, State & Zip

850-960-6404
Daytime Telephone number

judie@acct.org
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)

FILED

16 APR 11 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: ELPORIA, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different, is

2315 Jim Lee Rd
Tallahassee FL 32301

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
BUSINESS.

FIN: 81-217-3255

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEEFEFFEE HAYNES

Address: PRESIDENT
2315 Jim Lee Rd
Tallahassee FL 32301

Name and Title: VASSILIKI ADAMOPOULOS

Address: 7820 TALISMAN DR
PORT RICHEY FL
34668

Name and Title: JUDITH A. MANNING

Address: SECRETARY / TREASURER
2315 Jim Lee Rd
Tallahassee FL 32301

Name and Title: DIRECTOR

Address: JOHN FRANKOS
108 Finch ^{Ave} St. W.
NORTH YORK
ONTARIO
CANADA M2N 6W6

Name and Title: George Frankos

Address: VICE PRESIDENT
2315 Jim Lee Rd
Tallahassee, FL 32301

Name and Title: DIRECTOR

Address: DIRECTOR

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: Keelee Haynes
Address: 2315 Jim Lee Road
Tallahassee 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUSTIN A. MULNOCCANO
Address: 2315 Jim Lee Rd
TALLAHASSEE FL 32301

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

Keelee Haynes 11/4/16
Required Signature/Registered Agent 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.

Justin A. Mulnoccano 11/04/2016
Required Signature/Incorporator Date