

P16000055390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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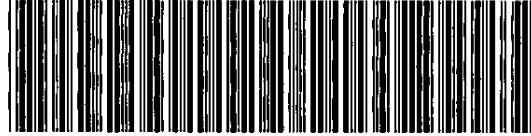
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/27/16--01016--006 **78.75

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16 JUN 27 PM 1:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/11

COVER LETTER

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

SUBJECT: Endocannabinoid Support Products 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: Stacy Peterson

Name (Printed or typed)

3888 King Edwards St.

Address

Fort Myers, FL 33916

City, State & Zip

(262) 662-5533

Daytime Telephone number

stacy@connoils.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: Endocannabinoid Support Products, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3888 King Edwards St.

Fort Myers, FL 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacy Peterson

Name and Title: _____

Address 3888 King Edwards St.

Address: _____

Fort Myers, FL 33916

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Stacy Peterson _____

Address: 3888 King Edwards St. _____

Fort Myers, FL 33916 _____

ARTICLE VII INCORPORATOR

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

Name: Stacy Peterson _____

Address: 3888 King Edwards St. _____

Fort Myers, FL 33916 _____

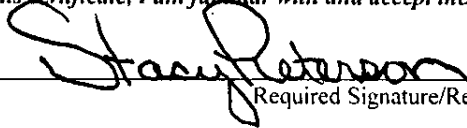
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/22/16 (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

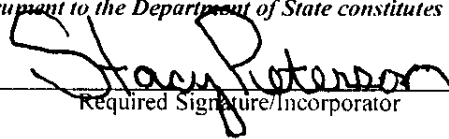


Required Signature/Registered Agent

6/22/16

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

6/22/16

Date