

P160000520523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

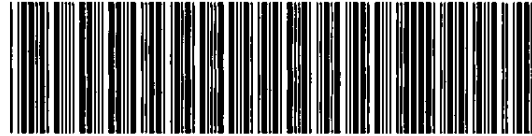
(Document Number)

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Envelope stamped 16 JUN 14  
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*Wt6-39007*

FILED  
16 JUN -9 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*TLH*  
*7/8/16*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2016

ERNAND MONPREMIER  
5860 NE 2ND AVE  
MIAMI, FL 33137-4

SUBJECT: E & C MULTI SERVICES, INC.  
Ref. Number: W16000039007

RECEIVED  
16 JUN -9 AM 11:05  
TALLAHASSEE, FLORIDA

We have received your document for E & C MULTI SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000136796 (E & C MULTISERVICES, LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 916A00011220

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: E AND C MULTI SERVICES AND TAX, INCORPORATED  
(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: ERNAND MONPREMIER  
Name (Printed or typed)  
~~5860 NE 2ND AVE~~ 16025 NE 18th Ave  
Address  
~~MIAMI, FL 33137~~ North Miami Beach, FL  
City, State & Zip 33162  
786-285-9214  
Daytime Telephone number  
ECMULTISERVICE@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

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16 JUN -9 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 AND C MULTI SERVICES AND TAX, INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5860 NE 2ND AVE  
MIAMI, FL 33137

Mailing address, if different is:  
16025 NE 18TH AVE  
NORTH MIAMI BEACH, FL 33162

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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

Name and Title: ERNAND MONPREMIER, PRESIDENT Name and Title: \_\_\_\_\_

Address: 16025 NE 18TH AVE Address: \_\_\_\_\_  
NORTH MIAMI BEACH, FL 33162

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: ERNAND MONPREMIER

Address: 16025 NE 18TH AVE

NORTH MIAMI BEACH, FL 33162

**ARTICLE VII INCORPORATOR**

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

Name: ERNAND MONPREMIER

Address: 16025 NE 18TH AVE

NORTH MIAMI BEACH, FL 33162

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TALLAHASSEE, FLORIDA

**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

06/21/2016

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

06/21/2016

Date