

P17 00035408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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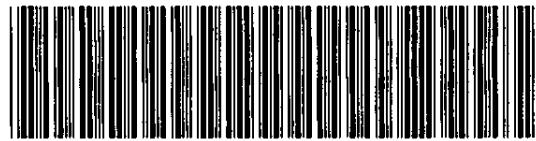
Special Instructions to Filing Officer:

Office Use Only

W1700029542

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APPROVED
AND
FILED
17 APR 17 AM 8:46
TREASURY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2017

ESQUIRE CONCIERGES SERVICES INC
847 NW 119 STREET STE 202
NORTH MIAMI, FL 33168

SUBJECT: ESQUIRE HABERDASHERY SERVICES INC
Ref. Number: W17000029542

We have received your document for ESQUIRE HABERDASHERY SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 017A00006688

2017 APR 17 PM 2:31
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

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

SUBJECT: ESQUIRE HABERDASHERY SERVICES 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: ESQUIRE CONCIERGES SERVICES INC.

Name (Printed or typed)

847 NW 119 STREET STE. 202

Address

NORTH MIAMI, FLORIDA 33168

City, State & Zip

305-785-6420

Daytime Telephone number

VTBLAW@BELLSOUTH.NET

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: ESQUIRE HABERDASHERY SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

847 NW 119 STREET STE. 202

SAME

NORTH MIAMI, FLORIDA 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VINCENT BROWN, PRESIDENT

Name and Title: _____

Address 847 NW 119 STREET STE. 202

Address: _____

NORTH MAIMI, FLORIDA 33168

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 APR 17 AM 8:46
SECRETARY OF STATE
ATLANTA, GEORGIA

APPROVED
AND
FILED

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: VINCENT BROWN

Address: 847 NW 119 STREET STE. 202

NORTH MIAMI, 33168

ARTICLE VII INCORPORATOR

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

Name: VINCENT BROWN

Address: 847 NW 119 STREET STE. 202

NORTH MIAMI, FLORIDA 33168

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 days prior or 90 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

03/29/2017

_____ 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

03/29/2017

_____ Date