

P17000099571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

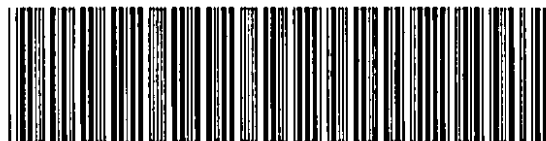
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17 DEC 18 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: E Process Group 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: E Process Group Inc. A Llanes

Name (Printed or typed)

1401 University Dr. Ste 403

Address

Coral Sprins, Florida 33071

City, State & Zip

786-344-4002

Daytime Telephone number

eprocessgroupinc@gmail.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 Process Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1401 N. University Dr. Ste 403

Coral Springs, Fl. 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to perform lawfull business in the United States

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andres Llanes President

Name and Title: Elsa Santiago, Vice President

Address 1401 N. University Dr Suite 40
Coral Springs, Fl. 33071

Address: 1401 N. University Dr. Suite 403
Coral Springs, Fl. 33071

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Andres Llanes

Address: 1401 N. University Dr. Ste 403

Coral Springs, Fl. 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andres Llanes

Address: 1401 N. University Dr. Ste 403

Coral Springs, Fl. 33071

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CLERK OF STATE
TALLAHASSEE, FLORIDA

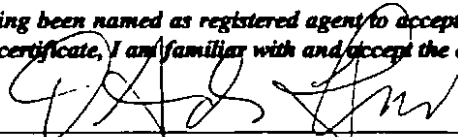
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2018 (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

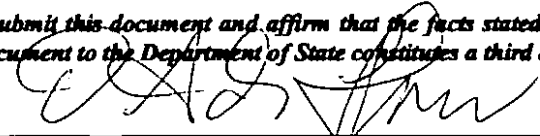


Required Signature/Registered Agent

12/11/17

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

12/11/17

Date