

P18000088939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

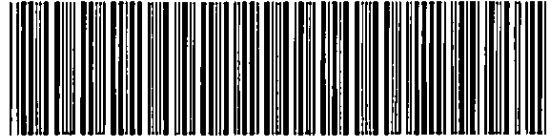
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600320259466

FILED

18 OCT 26 AM 9:10

FILED

18 OCT 26 PM 2:02

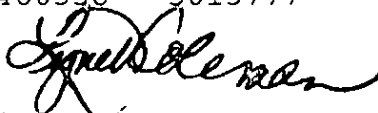
OCT 29 2013

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 460338 5015777

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : October 25, 2018

ORDER TIME : 12:43 PM

ORDER NO. : 460338-005

CUSTOMER NO: 5015777

DOMESTIC FILING

NAME: EXPRESS MAINTENANCE SERVICES
FL, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Express Maintenance Services FL, 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: Steven A. Loeb, Esq.

Name (Printed or typed)

7 Century Drive, Suite 201

Address

Parsippany, New Jersey 07054

City, State & Zip

(973) 867-4502

Daytime Telephone number

bench@expmngnt.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: Express Maintenance Services FL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Boynton Beach Mall

801 North Congress Avenue, Space #753

Boynton Beach, Florida 33426

Mailing address, if different is:

158 Tices Lane

East Brunswick, New Jersey 08816

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful activity for which corporations may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Lubin, Secretary and Treasurer

Address: 801 North Congress Avenue, Space #753

Name and Title: _____

Address: _____

Name and Title: Marc Lubin, Vice President

Address: 801 North Congress Avenue, Space #753

Boynton Beach, Florida 33426

Name and Title: _____

Address: _____

Name and Title: Edward Rosero, President

Address: 801 North Congress Avenue, Space #753

Boynton Beach, Florida 33426

Name and Title: _____

Address: _____

FILED
18 OCT 26 AM 9:10
CLERK OF DISTRICT COURT

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: Edward Rosero

Address: 801 North Congress Avenue, Space #753

Boynton Beach, Florida 33426

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald Lubin

Address: 801 North Congress Avenue, Space #753

Boynton Beach, Florida 33426

FILED
18 OCT 26 AM 9:10
TALLAHASSEE, FLORIDA

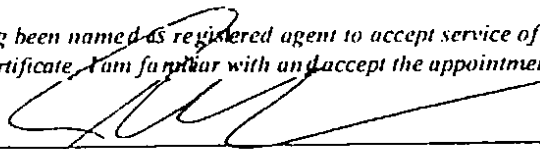
ARTICLE VIII EFFECTIVE DATE:

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 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

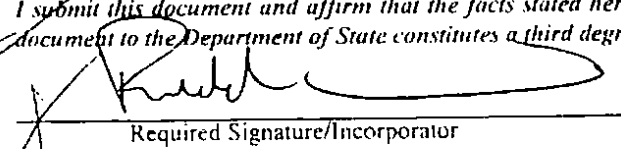
X 

Required Signature/Registered Agent

10/25/18

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

10/25/18

Date