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(Requestor's Name)				
	ddress)			
. W				
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(D	ocument Number)			
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



19 SEP 11 F34 4:11

FILED
2019 SEP 11 AH 8: 21

SEP 12 2019 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 913403 7551041
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 70.00
ORDER DATE : September 11, 2019
ORDER TIME : 3:01 PM
ORDER NO. : 913403-005
CUSTOMER NO: 7551041
DOMESTIC FILING
NAME: EMILIE ESTHER PITTS, 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 XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT.

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: Em	ilie Esther Pitts, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	i a check for:
S70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM:		e (Printed or typed)	
	9248 SE Island Place		
		Address	
	Tequesta Florida 33469		
	City,	State & Zip	
	561-568-5798		
	Daytime T	elephone number	
	twothirteen@mac.com		
	E-mail address: (to be use	d for future annual report r	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)

	CIPAL OFFICE	Mailing address	o if different ic:
Principal street address 9248 SE Island Place Tequesta Florida		9248 SE Island Place	s, it different is.
		Tequesta Florida	
33469		33469	
ARTICLE III PURP The purpose for which	OSE for the corporation is organized is:	any lawful business purpose.	
			20 TA
			
			- CONT.
	RES f stock is: AL OFFICERS AND/OR DIRECT		II AH 8: 21 RY OF STATE SEEL FLORIDA
Name and Tit	Emilie Esther Pitts	Name and Title: Director	
Address	9248 SE Island Place		
	Tequesta Florida		
	Tequesta Florida 33469		
Name and Title	33469	Name and Title:	
Name and Title Address	33469	Name and Title:	
	33469		
Address	33469	Address:	
Address	33469	Name and Title:	

Name an	nd Title: Na	ne and Title:
Address	Ad	dress:
		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the	registered agent is:
	Emilie Esther Pitts	
Name: Address:	9248 SE Island Place	
Addiess.	Tequesta, FL 33469	
A DOLLE TO	INCORPORATOR	
	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Emilie Esther Pitts	
Address:	9248 SE Island Place	
	Tequesta, FL 33469	
ADTICI E VIII	EFFECTIVE DATE:	
Effective date, if	f other than the date of filing:date is listed, the date must be specific and cannot be	(OPTIONAL) more than five days prior or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the applicable statu effective date on the Department of State's records.	tory filing requirements, this date will not be listed a
his certificate, I	med as registered agent to accept service of process for am familiar with and accept the appointment as register	
By: Emilie Es	Sthor Pitts	September 5, 2019
	Required Signature/Registered Agent	Date
By: Emilie Esth I submit this do document to the	er Pitts cument and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as ,	I am aware that the false information submitted in provided for in s.817.155, F.S.
G	NA.	September 5, 2019
<u> </u>	pired Signature/Incorporator	Date

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