P20000010038

(R	equestor's Name)		
(A	ddress)		
	ddress)		
(17)	uulessy		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(B	usiness Entity Name)		
(D	ocument Number)		
Certified Copies	Certificates of Statu	s	
Special Instructions to Filing Officer:			
		1	
	Office Use Only	•	



400332671014

02/05/20+-01004+-028 **78.75

TALL/ARSSIL FRANCIS

20 FF2 - 5 - 57 - 1. 1.

FEB () 4 2020

K Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

E & A STONE, CC	ORP				
					
				Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	
				Art, of Amend, File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	
			\overline{X}	Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
		1		Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	
			—	Vehicle Search	
n				Driving Record	
Requested by: Seth	02/05/20			UCC 1 or 3 File	
Name	Date Ti	ime		UCC 11 Search	
Walk-In	Will Diale II.			UCC 11 Retrieval	
YY GTK = LTL	Will Pick Up			Courier	

COVER LETTER

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

SUBJECT:	E & A STONE. CORP		
·	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	da 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 CO	PY REQUIRED
FROM:	EDUARDO DELGADILLO Name	e (Printed or typed)	
	11350 SW 5I ST		
		Address	-
	MIAMI FL 33165	C	
	City,	State & Zip	
	305-766-7833		
	Daytime T	elephone number	
	MYBUSINEDSS CARLI@GI		
	E-mail address: (to be used	d for future annual report n	otification)

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 corpora	tion shall be: E & A STONE. COP	<u>_</u>	.				
ARTICLE II PRIN	ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:			
6075 WEST 20TH A	VE. APT.104 HIALEAH FL 33013			- -			
				<u> </u>			
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	ALL AND ANY LA	AWFUL BUSIN	ESS			
		_		·			
				-			
			<u> </u>				
ARTICLE IV SHAR The number of shares of				WIT WI	2020) FE		
	AL OFFICERS AND/OR DIRECTORS				07 1 1 1	1	
Name and Title	EDUARDO. J, DELGADILLO-HER	NANDEZ BRESIR	ENT	77.07	끌 !? -	;	
Address	6075 WEST 20TH AVE APT.104	Address:			ယ္ထ		
	HIALEAH FL 33013						
None and This							
Address	·						
/ tudie33		•					
Name and Title:		Name and Title:					
Address		Address:			_		
							
							

Name and	Title:	Name and Title:	
Address		Address:	
		<u> </u>	
ARTICLE VI R	EEGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	Cal	
Name:	EDUARDO. J, DELGADILLO-HERNANDEZ		
Address:	6075 WEST 20TH AVE. APT 104 HIALEA	īн	
	FL 33013	_	
ARTICLE VII I	NCORPORATOR		
The <u>name and add</u>	dress of the Incorporator is:		
Name:	SERGIO LINARTE	-	
Address:	11350 SW 51 ST MIAMI FL 33165	-	
		-	
ARTICI F VIII	EFFECTIVE DATE:		
Effective date, if o	ther than the date of filing:	(OPTIONAL)	
(If an effective da filing.)	te is listed, the date must be specific and canno	t be more than five days prior	or 90 days after the
Note: If the date if the document's eff	nserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, th	is date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of process formiliar with and accept the appointment as register	or the above stated corporation a ed agent and agree to act in this	t the place designated in this capacity
			02-04-2020
	Required Signature/Registered Agent		Date
I submit this docu document to the D	ment and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am aware that the false y as provided for in s.817.155, F	information submitted in a .S.
K	frod ''		02-04-2020
Required Signatur	fincorporator	Date	
r			