

P2000001743

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DORTS ACCOUNTING & TAX SERVICE CORP
Account Number : 120190000104
Phone : (305)480-0269
Fax Number : (305)480-0518

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lulube/botanc@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION ESCAVATION SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: ESCAVATION SERVICES CORP
(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: DORIS ACCOUNTING & TAX SERVICE CORP

Name (Printed or typed)

709 S.W. 106 AVENUE

Address

MIAMI, FLORIDA 33174

City, State & Zip

305 323 4581

Daytime Telephone number

TAXES@DORISTAXES.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: ESCAVATION SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5320 SW 98 CT
MIAMI, FLORIDA 33165

Mailing address, if different is:

5320 SW 98 CT
MIAMI, FL 33165

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LULUBEL BOTANA</u>	<u>PRESIDENT</u>	Name and Title:	<u>ADALBERTO AGUIRRE</u>	<u>V-P</u>
	<u>5320 SW 98 CT</u>			<u>5320 SW 98 CT</u>	
Address	<u>MIAMI, FLORIDA 33165</u>	Address:	<u>MIAMI, FL 33165</u>		

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:

LULUBEL BOTANA

Name: _____
5320 SW 98 CT

Address: _____
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DORIS POLANCO

Name: _____
709 SW 106 AVE

Address: _____
MIAMI, FL 33174

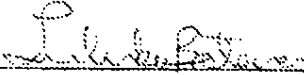
ARTICLE VIII EFFECTIVE DATE:

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.

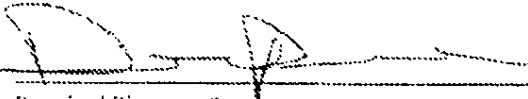


Required Signature/Registered Agent

2/26/2020

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

2/26/2020

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA