

1/19/2021

**PAI 00000 3154**

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 : WHOLE TAX PROFESSIONAL SERVICES, INC.  
Account Number : I20200000179  
Phone : (786)253-9951  
Fax Number : (305)397-1052

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

Email Address: wholetax@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ESANOS, CORP**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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**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:

ESANOS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4167 NW 90TH AVE APT 206

CORAL SPRINGS, FL 33065

Mailing address, if different is:

4167 NW 90TH AVE APT 206

CORAL SPRINGS, FL 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARCO ANTONIO PERALES OSORIO- PRESIDENT

Address: 4167 NW 90TH AVE APT 206

CORAL SPRINGS, FL 33065

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARCO ANTONIO PERALES OSORIO

Address: 4167 NW 90TH AVE APT 206,  
CORAL SPRINGS, FL 33065**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARCO ANTONIO PERALES OSORIO

Address: 4167 NW 90TH AVE APT 206  
CORAL SPRINGS, FL 330652021 JAN 19 PM 2:41  
ALLAHASSEE, FL 32806**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

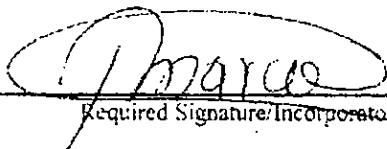


Required Signature/Registered Agent

1/19/2021

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

1/19/2021

Date