

MAR/16/2021/TUE 05:55 PM

FAX No.

P. 001/003

3/16/2021

Division of Corporations

P21000023761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000106681 3)))



H210001066813ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EQUIPMENT DIAL INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2021 MAR 17 AM 8:37
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: EQUIPMENT DIAL INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5660 S UNIVERSITY DR
DAVIE, FLORIDA 333285660 S. UNIVERSITY
DAVIE, FLORIDA 33328**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: 500 @ \$1.00 par value.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rosa Lopez (PST) Name and Title: _____Address 5660 S. UNIVERSITY DR Address: _____
DAVIE, FLORIDA 33328

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

Name: ROSA LOPEZ
Address: 5660 S. UNIVERSITY DR.
DAVIE, FLORIDA 33328.

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: ROSA LOPEZ
Address: 5660 S. UNIVERSITY DR.
DAVIE, FLORIDA 33328.

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

03/12/2021
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

03/12/2021
Date