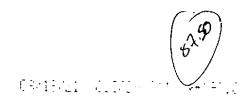
P21000024053

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK/J	2 MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer
:	

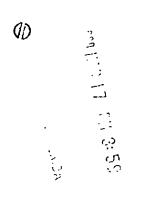
Office Use Only



100362197631



\$70.00



2021 KAR 17 PH 3: 2

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

			, , .				
		PICI	K UP:	03/17/2021			
		CERTIFIED COPY					
	XX	РНОТОСОРУ					
		CUS					
	хх	FILING	ARTIC	LES	<u></u>		
1.		Epic Stays Inc (CORPORATE NAME AND DOCUMENT)	MENT #1				
2.		(COM ON THE TIME IN DESCO					
_		(CORPORATE NAME AND DOCU	MENT #)				
3.		(CORPORATE NAME AND DOCU	MENT #)				
4.		(CORPORATE NAME AND DOCUME	MENT#)			· · · · · · · · · · · · · · · · · · ·	
5.		(CORPORATE NAME AND DOCU	MENT #)				
6.							
		(CORPORATE NAME AND DOCUI	MENT #)				
	ECIA. STRU	L CTIONS:				_ 	
							

COVER LETTER

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

SUBJECT: Epic S	tays Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: <u>Br</u>	ian Shaha Name	e (Printed or typed)	
<u>11</u>	70 Airport Road	Address	
Jac	cksonville, FL 32218 City,	State & Zip	
2	62-344-7600 Daytime T	elephone number	
<u></u> <u></u>	rian.shaha@gmail.com 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)

TICLE!			 _
01 S Orange Bl	Principal street address ossom Trail, Orlando, FL 32837	1170 A	Mailing address, if different is: irport Road, Jacksonville FL 322
RTICLE III PUR	POSE h the corporation is organized is: I-lotel ()	perator	
			202
CTICLE IV SHA e number of shares	<u>RES</u> of stock is: 10,000	·····	AR 17 PH
	LAL OFFICERS AND/OR DIRECTORS	Af (PM)	بن ک Richard Singapori VR
Name and Title: Brian Shaha - President			14115 W. Braemore Close
Address	1170 Airport Road Jacksonville, FL 32218		Libertyville, IL 60048
Name and Tit	le:	Name and Title	::
Address		Address:	
			
Name and Tit	le:	Name and Title	
Address			

Name and	Fitle:N	ame and Title:
Address	A	ddress:
ARTICLE VI RE	GISTERED AGENT	
	ida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	Brian Shaha	
Address:	1170 Airport Road	
	lacksonville, FL 32218	
ARTICLE VII IN	CORPORATOR	
The <u>name and addi</u>	ess of the Incorporator is:	
Name:	Brian Shaha	
Address:	1170 Airport Road	
	Jacksonville, FL 32218	
ADTICLE VIII - E	FFECTIVE DATE:	
Effective date, if other	ner than the date of filing:	(OPTIONAL)
(If an effective dat filing.)	e is listed, the date must be specific and cannot be	more than live days prior or 90 days after t
Note: If the date in	serted in this block does not meet the applicable stat	utory filing requirements, this date will not be
the document's effe	etive date on the Department of State's records.	
	as registered agent to accept service of process for th	
0 0	iliar with and accept the appointment as registered a	gent and agree to act in this capacity
Brian Sho	Required Signature/Registered Agent	03/17/2021
	Required Signature/Registered Agent	Date
I submit this docum document to the De	ient and affirm that the facts stated herein are true partment of State constitutes a third degree felony as	. I am aware that the false information submo provided for in s.817.155, F.S.
Brian Shaho Required Signature		
Usian Dhaha		03/17/2021