

P21000026576

Florida Department of State
Division of Corporations
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H210001210123ABCK

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

From: Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : I20170000039
Phone : (407)301-2659
Fax Number : (407)846-0320

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 25 AM 10:19

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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: brenda.mas@aol.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ESBR LOGISTICS INC**

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

REGISTRAR
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2021 MAR 25 PM 4:44

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COVER LETTER

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

SUBJECT:

ESBR Logistics Inc

(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
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 COPY REQUIRED**

FROM:

Karoll Fernandez Utero

Name (Printed or typed)

1431 Simpson Rd #173

Address

Kissimmee FL 34744

City, State & Zip

787-318-7493

Daytime Telephone number

brenda.mas@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

2021 MAR 25 AM 10:19

ARTICLE I NAME

The name of the corporation shall be: ESBR Logistics Inc

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address
1431 Simpson Rd #173
Kissimmee, FL 34744

Mailing address, if different is:
1431 Simpson Rd #173
Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Lawfull acts.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karoll Fernandez Otero (President)

Address: 1431 Simpson Rd #173
Kissimmee, FL 34744

Name and Title: _____

Address: _____

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: Karoll Fernandez Otero
 Address: 1431 Simpson Rd #173
Kissimmee, FL 34744

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Karoll Fernandez Otero
 Address: 1431 Simpson Rd #173
Kissimmee, FL 34744

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 TALLAHASSEE, FL

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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*

Karoll Fernandez Otero
 Required Signature/Registered Agent

3/20/2021
 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.

Karoll Fernandez Otero
 Required Signature/Incorporator

3/20/2021
 Date