## P21000030936

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(orty-order-zips, none sy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filing Officer
Special Instructions to Filing Officer:

Office Use Only

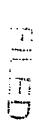


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2021 APR -7 AM 9: 45 SECTIONAL OF STATE



## **COVER LETTER**

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

SUBJECT: EJPEN	INER GROUP, INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l 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 CO	TIONAL COPY REQUIRED	
	REGORY A. FOX, ESQ.  Nam  15 COUNTRYSIDE BLVD., SI	e (Printed or typed)		
<del></del>		Address		
CL	EARWATER, FL 33763 City	, State & Zip		
72	7-796-4556 Daytime	Telephone number	<del></del>	
<u>PA</u>	ULA@FOXLAWPA.COM	ed for future annual report i	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 II PRINC	IPAL OFFICE				
ARTICLE II PRINCIPAL OFFICE Principal street address 610 ELDORADO AVENUE		Mailing address, if different is:			
CLEARWATER BEACH, FI	ORIDA 33767		810 ELDORADO AVENUE CLEARWATER BEACH, FLORIDA 33767		
ARTICLE III PURPO The purpose for which the	<u>NSE</u> ne corporation is organized is: ANY AN	ID ALL LAWFUL	BUSINESS E CHECKER RPR		
			LA,		
			***		
ARTICLE IV SHARI The number of shares of	ES stock is: 1000				
	L OFFICERS AND/OR DIRECTORS				
	Elliott James Penner , President	/D Name and Title	: Karen A. Penner, Sec/Tr/D		
Address _	810 Eldorado Avenue	Address:	810 Eldorado Avenue		
	Clearwater Beach, FL 33767	<del></del>	Clearwater Beach, FL 33767		
) m:-1					
			· · · · · · · · · · · · · · · · · · ·		
Address		Address:			
Name and Title:		Name and Title	:		
Address		Address:			

Name a	nd Title:	Name and Title:	
Addres		Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Gregory A. Fox, Esq.	<del></del>	
Address:	2515 Countryside Blvd, Ste G		
	Clearwater, FL 33763	TAL TAL	
	<u>INCORPORATOR</u>	2021 APR -7 AK 9: SECKETAGY OF ST TALLARIASSEE, P	
l ne <u>name and s</u>	address of the Incorporator is:		
Name:	Gregory A. Fox, Esq.	9: 45 E. FL	
Address:	2515 Countryside Blvd, Ste G		
	Clearwater, FL 33763		
Effective date, if (If an effective filing.)  Note: If the date		. (OPTIONAL) not be more than five days prior or 90 days after the le statutory filing requirements, this date will not be listed as	
Having been na certificate, I am	med as registered agent to accept service of process familiar with and accept the appointment as regist  Required Signature/Registered Agent	for the above stated corporation at the place designated in this cred agent and agree to act in this capacity  — 4 6 2021  Date	
	1 7 8	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.	
Required Signati	ure/Incorporpubr	7   6   202   Date	