

P21 000056337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

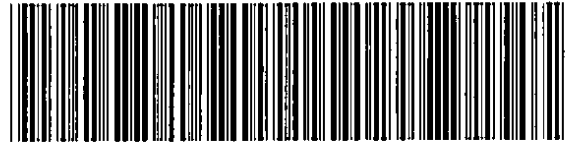
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/15/21--01010--007 **78.75

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 JUN 14 PM 12:26

2021 JUN 14 PM 2:22

[Handwritten signature]

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Emergency Service Group Inc

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

5:11 PM JUN 14, 2021

Signature _____

Requested by: SETH

06/09/21

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

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

SUBJECT: Emergency Service Group, 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: Frank Valenti
Name (Printed or typed)
101 Commerce Road
Address
Boynton Beach, Florida, 33426
City, State & Zip
561-413-9754
Daytime Telephone number
Frankmvalenti@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED JUN 16 PM 2:22

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: Emergency Service Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

101 Commerce Road,

Boynton Beach, FL, 33426

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: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frank Valenti, President

Address: 101 Commerce Road

Boynton Beach, FL, 33426

Name and Title: Frank Valenti, Secretary

Address: 101 Commerce Road

Boynton Beach, FL, 33426

Name and Title: Frank Valenti, Director

Address: 101 Commerce Road

Boynton Beach, FL, 33426

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2nd JUNE 11 PM 2:22

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Frank Valenti
Address: 101 Commerce Road,
Boynton Beach, FL, 33426

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frank Valenti
Address: 101 Commerce Road,
Boynton Beach, FL, 33426

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

DocuSigned by:
Frank Valenti 6/10/2021
7320698070CA44D8... Required Signature/Registered Agent 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.

DocuSigned by:
Frank Valenti 6/10/2021
Required Signature/Incorporator Date

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