

P210 0005 7109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

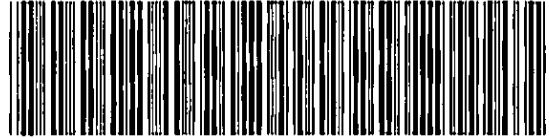
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JUN -8 PM 12:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D O'KEEFE
JUN 17 2021

COVER LETTER

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

SUBJECT: AGENCY ES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARIA RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report 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 I NAME

The name of the corporation shall be: AGENCY ES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4475 SW 160 AVE SUITE 201

7750 SW 117TH AVE SUITE 203

MIRAMAR FLORIDA 33027

MIAMI FLORIDA 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAMILO MARTELO, PRES

Name and Title: _____

Address

4475 SW 160 AVE Unit 201

Address: _____

MIRAMAR, FLORIDA 33027

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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21 JUN -8 PM 12:43
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: CAMILO MARTELO

Address: 4475 SW 160 AVE Unit 201
MIRAMAR, FLORIDA 33027

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21 JUN - 8 PM 12: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CAMILO MARTELO

Address: 4475 SW 160 AVE 201
MIRAMAR, FLORIDA 33027

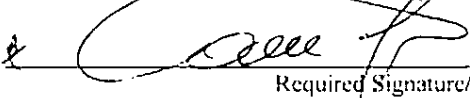
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/31/2021 (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.)

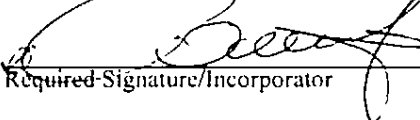
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06/16/2021
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

06/14/2021
Date

May 16, 2021

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

Re: Agency Es Inc

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


Camilo Martelo



