P21000058883

(F	Requestor's Name)	
(A	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(<u>[</u>	Oocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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08/22/21--01020--020 **70.00



2021 JUN 22 AM II: 29 SECRETARY OF STATI

1-3/21

CAPITAL CONNECTION, INC.

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

			<u>_</u>
IESE11evenIP Cor	р		
	<u></u>		
			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
Circotura			Fictitious Owner Search
Signature			Vehicle Search
	 -		Driving Record
Requested by:			UCC 1 or 3 File
		Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In		Up	Courier

COVER LETTER

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

SUBJECT:	IESE11evenIP Corp.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
⊠ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:		e (Printed or typed) Ave Suite 700 #182	
		Address	 ,
	Miami Beach, FL 3		
	City	, State & Zip	
	954-929-0679		
_	Daytime 1	Telephone number	<u></u>
	Ejacobs@nexterrala	w.com	
	E-mail address: (to be use	d 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 1 NAME The name of the corporati	on shall be: ESE11ever	nIP Corp.		
ARTICLE II PRINC	PAL OFFICE		Mailing address	if different in
C/O Nexterra Law			C/O Nexterra Lav	
_1680_Michigan Av	re Suite 700 #182	_	1680 Michigan A	ve Suite 700 #182
Miami Beach, FL	Miami Beach, FL 33139 Miami Beach, FL 33139		FL 33139	
ARTICLE III PURPO The purpose for which th	SE e corporation is organized is:a	ny and all lay	wful purposes	
				ऽ ।
				<u> </u>
				12. 13. 13.
				- <u> </u>
ARTICLE IV SHARE The number of shares of s	<u>S</u> tock is: 1			OF STATE
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTO	<u>RS</u>		
Name and Title	_President: Ira Saferstein	Name a	and Title:	
Address	C/O Nexterra Law	Addres	s:	
	1680 Michigan Ave Suite			
	Miami Beach, FL 33139			
Name and Title:		Name a	and Title:	
Address		Addres		
Name and Title:		Name a	and Title:	
Address		Addres	:s:	

Name and	Title:	Name and Title:		
Address		Address:		
		<u> </u>		
ARTICLE VI R The name and Flo	EEGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Nexterra Law	-	11) ~	
Address:	1680 Michigan Ave Suite 700 #182	_	221 JUN 22 SEORETAN TALLAHA	
	Miami Beach, FL 33139	_		
			22 HA	
ARTICLE VII I	NCORPORATOR		SKA I	
The <u>name and add</u>	dress of the Incorporator is:		21 JUN 22 AHTT: 29 EORETANN OF STATE TALLAHASSEE, FL	
Name:	Nexterra Law	-	TE STE	
Address:	1680 Michigan Ave Suite 700 #1	182		
	Miami Beach, FL 33139			
Effective date, if c (If an effective da filing.) Note: If the date	EFFECTIVE DATE: other than the date of filing:06/18/2021 ate is listed, the date must be specific and cannot inserted in this block does not meet the applicable fective date on the Department of State's records.	ot he more than five days prior or 9 statutory filing requirements, this day		
Having been name certificate, I am fa	ed as registered agent to accept service of process f amiliar with and accept the appointment as register	or the above stated corporation at the pred agent and agree to act in this capa	place designated in this city	
Enc A	Jacobs	06/18/2021		
•	Required Signature/Registered Agent		Date	
I submit this doci document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false info y as provided for in s.817.155, F.S.	rmation submitted in a	
Fric A	Jacobs	06	5/18/2021	
Required Signatur	re/Incorporator	Date		