

P220 00005136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

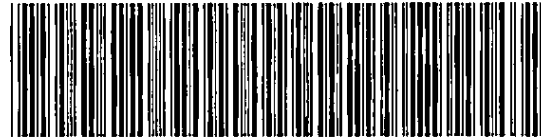
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800379598408

01/19/22--01021--007 **87.50

FILED

2022 JAN 19 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JAN 27 2022

✓

COVER LETTER

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

SUBJECT: ILAN EPSTEIN, 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: ILAN EPSTEIN, M.D.

Name (Printed or typed)

10836 BLACKHAWK STREET

Address

PLANTATION, FL 33324

City, State & Zip

954-980-6698

Daytime Telephone number

iepstein16@gmail.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: ILAN EPSTEIN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10836 BLACKHAWK STREET

PLANTATION, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS.

FILED
2022 JAN 19 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ILAN EPSTEIN, President Name and Title: _____

Address 10836 BLACKHAWK STREET Address: _____
PLANTATION, FL 33324 _____

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 AGENT

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

Name: ILAN EPSTEIN, M.D.

Address: 10836 BLACKHAWK STREET

PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

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

Name: ILAN EPSTEIN, M.D.

Address: 10836 BLACKHAWK STREET

PLANTATION, FL 33324

FILED
2022 JAN 19 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/11/22 (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

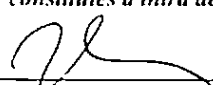


Required Signature/Registered Agent

1/7/22

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

1/7/22

Date