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COVER LETTER

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

SUBJECT:	•	SERVICE	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Sammy	CaStillo (Printed or typed)	-
	222 2nd 8	st. ct. No	orth East
	Bradento City,	n, FL 34 State & Zip	4508
	(Q)Q) 979 Daytime T	328 - 550 elephone number	06
	E-mail address: (to be used	I for future annual report r	Oi). COPY

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 corporat	ion shall be: ES	FORCE	E SER	VICES I	Enc.
ARTICLE II PRINC 222 22 nd s Bradenton	Principal street address The NE ST. 1202	8		Mailing address, if did	ferent is:
ARTICLE III PURPO The purpose for which the	<u>PSE</u> ne corporation is organi	zed is:	nstruct	ion Se	rvices
ARTICLE IV SHARI The number of shares of	ES Cock is:	, , ,			
ARTICLE V INITIA Name and Title	Eder Cavil	a cortez	Name and Title		castillo St. Ct. Ni
Address	Bradenton				n, FL 34201
Name and Title: Address			_ Name and Title _ Address: _	:	
Name and Title:		_		:	
			-		202.

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No. 1971) Name: Address: 2201 14+1-1	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: Sammy (Address: 222 22nd (Bradenton)	
filing.)	pecific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
	ervice of process for the above stated corporation at the place designated in this intment as registered agent and agree to act in this capacity
Monyfall Florida Required Signature/Reg	1-19-24 Date
I submit this document and affirm that the facts	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
Reduced Signature/Incorporator	Date 1-19-24