

P24000036179

(Requestor's Name)

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☐ PICK-UP

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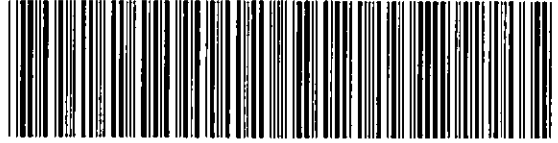
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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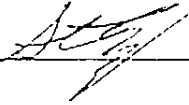
CAPITAL CONNECTION, INC.

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

EPSILON SQUARE EVENTS INC.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



- ☒ 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 _____

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Signature

Requested by:

Name _____ Date _____ Time _____

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1111 Paces Building • Tallahassee, GA 32301

COVER LETTER

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

SUBJECT: EPSILON SQUARE EVENTS 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: EVANGELIA HABIB

Name (Printed or typed)

313 BERENGER WALK

Address

ROYAL PALM BEACH, FL 33414

City, State & Zip

561-283-5593

Daytime Telephone number

EPSILONSQUAREEVENTS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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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: EPSILON SQUARE EVENTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

313 BERENGER WALK

ROYAL PALM BEACH, FL 33414

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELENA PEROULAKIS - P

Name and Title: EVANGELIA HABIB - VP

Address 7836 FAIRWAY LN

Address: 313 BERENGER WALK

WEST PALM BEACH, FL 33412

ROYAL PALM BEACH, FL 33414

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FL

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: MARK HABIB
Address: 313 BERENGER WALK
ROYAL PALM BEACH, FL 33414

ARTICLE VII INCORPORATOR

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

Name: EVANGELIA HABIB
Address: 313 BERENGER WALK
ROYAL PALM BEACH, FL 33414

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/30/2024. (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

Mark Habib 05/30/2024
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.

EVANGELIA HABIB 05/30/2024
Required Signature/Incorporator Date

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2024 MAY 31 AM 9:17
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TALLAHASSEE, FL