Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P25000025S2

FL
1-14-25

Note: Please print this page and use it as a cover sheet. The fax number(s) below (shown below) on the top and bottom of all pages of the document.

(((H25000015017 3)))

H250000150173ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mfardella@fardellacpa.com

2025 JAN 13 PM 4:32
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

RECEIVED
2025 JAN 13 PM 3:32
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

ES PRODUCTIONS INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Menu Help

H25000015017

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: ES PRODUCTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
8161 VIA VITTORIA WAY
ORLANDO, FL 32819

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

ARTICLE IV SHARES
The number of shares of stock is: 1500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERMINIO STEFANO - President/Director
Address: 8161 VIA VITTORIA WAY, ORLANDO, FL 32819

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

H25000015017

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: ERMINIO STEFANO

Address: 8161 VIA VITTORIA WAY

ORLANDO, FL 32819

ARTICLE VII INCORPORATOR

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

Name: ERMINIO STEFANO

Address: 8161 VIA VITTORIA WAY

ORLANDO, FL 32819

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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.

2025 JAN 14 PM 1:32

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: ERMINIO STEFANO — January 13, 2025 (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: ERMINIO STEFANO — January 13, 2025 (Date)